

Army National Guard and Army Reserve

Incapacitation of Reserve Component Soldiers

**Headquarters
Department of the Army
Washington, DC
1 June 1990**

Unclassified

SUMMARY of CHANGE

AR 135-381

Incapacitation of Reserve Component Soldiers

- o This UPDATE printing publishes a reprint of this publication.
- o This publication was last printed on 1 June 1990.

Effective 1 July 1990

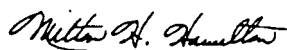
Army National Guard and Army Reserve

Incapacitation of Reserve Component Soldiers

By Order of the Secretary of the Army:

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General, United States Army
Chief of Staff

Official:



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History. This UPDATE printing publishes a new Army regulation.

Summary. This regulation provides policies and procedures regarding medical benefits, hospitalization, disability entitlements, incapacitation pay, and death benefits for members of the U.S. Army Reserve (USAR) and

Army National Guard of the United States(ARNGUS).

Applicability. This regulation applies to soldiers of the USAR and ARNGUS, including those serving on active duty under the provisions of 10 USC 270(b). It also applies to all medical treatment facilities, finance and accounting offices, and Active Army headquarters, commands, installations, and agencies responsible for Reserve Component soldiers.

Proponent and exception authority.
Not applicable

Army management control process.
This regulation is not subject to the requirements of AR 11–2. It does not contain internal control provisions.

Supplementation. Supplementation of this regulation and establishment of command or local forms are prohibited without prior approval from HQDA (DAPE–MBB–C), WASH DC 20310–0300.

Interim changes. Interim changes to this

regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028(Recommended Changes to Publications and Blank Forms) directly to HQDA(DAPE–MBB–C), WASH DC 20310–0300.

Distribution. Distribution of this publication is made in accordance with the requirements of DA Form 12–09–E, block number 2559, intended for command level D for Active Army, A for ARNG, and A for USAR.

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Chapter 1 Introduction

1-1. Purpose

This regulation establishes procedures and policies and implements statutory authorities regarding medical, dental, hospitalization, and disability benefits; incapacitation compensation; and death benefits; as well as reporting requirements on these entitlements for Reserve Component (RC) soldiers.

1-2. References

Required and related publications and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the consolidated glossary located at the back of this volume.

1-4. Responsibilities

- a. Deputy Chief of Staff for Personnel (DCSPER) will—
 - (1) Have overall Army Staff responsibility for incapacitation policy of RC soldiers.
 - (2) Develop policy in coordination with the Office of The Surgeon General (OTSG), U.S. Army Finance and Accounting Center (USAFAC), Office of the Chief, Army Reserve (OCAR), National Guard Bureau (NGB) and U.S. Army Physical Disability Agency (USAPDA).
 - (3) Monitor the cost and effectiveness of U.S. Army Reserve (USAR) and Army National Guard (ARNG) programs.
 - (4) Modify the system as required.
 - (5) Maintain liaison with the other Services and Office of the Secretary of Defense (OSD).
 - (6) Initiate appropriate legislative changes when needed.
 - (7) Resolve questionable cases.
- b. The Chief, National Guard Bureau (CNGB) will—
 - (1) Exercise Staff supervision and management over incapacitation for the ARNG.
 - (2) Develop detailed budget submissions.
 - (3) Coordinate fiscal operation of the system within appropriation limits.
 - (4) Serve as appropriation director for incapacitation pay.
 - (5) Maintain a reporting system to monitor and control costs.
 - (6) Publicize changes to entitlements as they occur.
 - (7) Evaluate the effectiveness of the system in the ARNG.
 - (8) Develop policies, procedures, and management initiatives for the ARNG and recommend changes in policies and procedures to ODCSPER.
 - (9) Resolve appeals per chapter 5.
- c. The Surgeon General (TSG) will exercise Staff supervision and management over health care entitlements for soldiers.
- d. The Chief, Army Reserve (CAR) will—
 - (1) Exercise Staff supervision and management over incapacitation for the USAR.
 - (2) Develop detailed budget submissions.
 - (3) Coordinate fiscal operation of the system within appropriation limits.
 - (4) Serve as appropriation director for incapacitation pay.
 - (5) Maintain a reporting system to monitor and control costs.
 - (6) Publicize changes and modifications to entitlements as they occur.
 - (7) Evaluate the effectiveness of the system in the USAR.
 - (8) Develop policies, procedures, and management initiatives for the USAR and recommend changes to Office of the Deputy Chief of Staff for Personnel (ODCSPER).
 - (9) Resolve appeals per chapter 5.
- e. The Director of Finance and Accounting will—
 - (1) Exercise Staff supervision and operational policy and procedures concerning incapacitation pay and allowances as well as payments required upon the death of an RC soldier.

- (2) Monitor the USAR system to ensure that incapacitation pay and allowances payments are limited to a maximum of 6 months, unless extended by the Secretary of the Army, as required by law.

- (3) Prepare reports and other statistical data enabling Headquarters, Department of the Army (HQDA) and the appropriation manager to measure the effectiveness of the program.

f. Commander-in-Chief, U.S. Army, Europe (USAREUR); Commanding Generals, U.S. Forces Command (FORSCOM), U.S. Army Western Command (WESTCOM), U.S. Army Japan (USARJ), and U.S. Army South (USARSO) will—

- (1) Ensure policies and procedures pertaining to RC soldiers serving, participating in training, or stationed in their respective areas of responsibility are carried out according to this regulation.

- (2) Recommend policy and procedure changes to ODCSPER.

g. Commanding General, U.S. Army Training and Doctrine Command (TRADOC) will—

- (1) Ensure that policies and procedures pertaining to RC soldiers participating in initial active duty for training (IADT) are carried out according to this regulation.

- (2) Recommend policy and procedure changes to the ODCSPER.

- (3) Ensure that prompt action is taken to initiate and complete line of duty (LD) investigations involving soldiers per AR 600-8-1.

h. Commanding General, U.S. Army Health Services Command, (HSC) will—

- (1) Ensure that medical and dental care are provided to RC soldiers according to this regulation.

- (2) Recommend policy and procedure changes to the ODCSPER.

i. Commanding General, Army Reserve Personnel Center (CG, ARPERCEN) will—

- (1) Ensure that policies and procedures pertaining to soldiers assigned to the Individual Ready Reserve (IRR) and Individual Mobilization Augmentation (IMA) Program are carried out per this regulation.

- (2) Recommend policy and procedural changes to the ODCSPER.

- (3) Perform those command services outlined above for IRR soldiers.

j. Commanders of U.S. Army medical treatment facilities (MTFs) will provide health care authorized by law and regulation to RC soldiers.

k. Finance officers and other agencies listed in appendix D will—

- (1) Issue pay and allowances authorized by law and regulation to soldiers.

- (a) On receipt of authorization for payment of incapacitation pay and allowances from the appropriate headquarters, determine propriety of soldier's entitlement for such payment.

- (b) Following determination of propriety of entitlement, provide pay and allowances for the period authorized by the appropriate headquarters within 5 days.

- (c) Continue timely payment of pay and allowances each month when authorized by the appropriate headquarters.

- (d) Terminate payment of incapacitation pay and allowances when no longer authorized by the appropriate headquarters.

- (2) Monitor incapacitation pay documents, soldier personal finance records (PFR), and other substantiating documents through the use of logs and files per AR 37-104-10.

- (3) Provide data pertaining to incapacitation payments to Director of Finance and Accounting, ATTN: SAFM-FAP-PN as required.

l. Unit commanders will—

- (1) Provide periodic briefings on entitlements to all assigned and attached soldiers, especially prior to annual training (AT) or any field training.

- (2) Initiate a LD investigation on any injury or illness likely to result in a claim against the Government for health care, compensation, or disability benefits within 48 hours of the incident. (LD is mandatory in all training and travel related deaths.) LD investigations are normally initiated by the MTF commander or his or her representative. The unit commander however, must assume this responsibility when soldiers are taken to or treated in civilian health care facilities or when Service medical personnel are unaware of the requirement to initiate LD determination for soldiers. Send requests

for LD determinations directly to the Casualty Area Commander (CAC), with 1 copy to the appropriate Major U.S. Army Reserve Command (MUSARC) for USAR soldiers (AR 600-8-1) or the State headquarters for ARNG cases. Refer to AR 600-8-1 for further details on LD completion.

(3) Properly counsel each soldier injured or taken ill on his or her benefits, rights, privileges, and responsibilities.

(4) Provide authorized assistance to family members of incapacitated, disabled, or deceased soldiers.

(5) Provide written input per chapter 5 to the appropriate headquarters concerning the soldier's inability to perform his or her normal military duties or loss of civilian income.

(6) Conduct physical fitness training and testing per Army policy.

(7) Ensure that all soldiers perform duty according to the proper AT order instructions, such as advance or rear party.

(8) Properly document all attendance and absences from training or duty.

1-5. Duty status

a. Status of the soldier at the time of injury, illness, or disease is critical in determining entitlement to medical, dental, disability, and hospitalization benefits, incapacitation compensation, and death benefits.

b. Active duty (AD) status for purposes of this regulation includes such activities as the following:

(1) Active duty.

(2) Annual training.

(3) Active duty for training (ADT).

(4) Initial active duty training.

(5) Musters.

(6) Temporary tours of active duty (TTAD).

(7) Active duty for special work (ADSW).

c. AD status is verified by appropriate orders, and after completion of a tour with pay, copies of pay vouchers. A member is not considered to be in an active duty status in the absence of such documentation.

d. AD status is further divided into the following categories:

(1) AD of more than 30 days.

(2) AD of 30 days or less.

e. Inactive duty training (IDT) status for purposes of this regulation includes such activities as the following:

(1) Regularly scheduled unit training assemblies (UTAs) or multiple unit training assemblies (MUTAs).

(2) Additional training assemblies (ATAs).

(3) Training assemblies conducted by Reserve training units (RTUs) and Individual Mobilization Augmentation (IMA) detachments.

(4) Additional assemblies for nuclear training (AANT).

(5) Readiness management assemblies (RMAs).

(6) Staff meetings.

(7) U.S. Army Reserve Forces (USARF) school training assemblies (including faculty, staff, and students).

(8) Field training.

(9) Rescheduled training (RST).

(10) Split training assembly (STA).

(11) Equivalent training (ET).

(12) Additional flying training periods (AFTP).

(13) Additional inactive duty training periods.

(14) Additional airborne unit training assemblies (AAUTAs).

f. During MUTA-2 training assemblies, the time between training periods, usually reserved for the noon meal, is considered to be a continuous part of IDT training.

g. During multiple unit training assemblies, the time period between successive days' training, usually overnight, is not considered to be IDT unless all the following criteria exist:

(1) The training schedule reflects such time to be IDT.

(2) Soldiers are required to remain overnight at the training site.

(3) Training continues uninterrupted 24 hours a day.

(4) Member does not return to a residence during or between the training periods.

h. IDT status will be verified by referring to the unit's (including USARF school) training schedule.

i. Work on correspondence courses does not confer IDT or AD status on a soldier.

j. A soldier who does not fit into one of the categories listed in (1) through (4) above may not be authorized health care, disability entitlements, or incapacitation compensation entitlements described in this regulation.

k. Duty without pay will be considered as if it were duty with pay for the purposes of this regulation.

l. Wear of the military uniform is not necessary to establish entitlement to benefits.

1-6. Travel status

a. Entitlement to health care, incapacitation compensation, and death benefits for injury, disease, or illness incurred, contracted, or aggravated while traveling to or from duty, depends on the type of duty being performed. (See para 1-5 for types of duty status.)

b. Travel must be direct and be completed within a reasonable amount of time.

c. Travel status continues during reasonably short stops at public facilities en route for such purposes as consumption of meals, refueling a vehicle, or other purposes directly related to travel. Travel delays for reasons such as adverse weather, commercial transportation problems, or similar problems beyond the soldier's control extend travel status.

d. Travel status prior to IDT begins when a soldier leaves his or her residence and ends with the opening formation of muster at the duty station where the soldier was first directed to report according to a published training schedule of IDT order. Travel status resumes when the commander or designated representative dismisses the member from IDT training (such as closing formation or muster) and ends when he or she returns directly to his or her residence.

(1) Travel status connected with IDT training is normally limited to the same day the duty is performed.

(2) Soldiers performing training in an IDT status on an individual basis are subject to the same rules as unit members. In instances where formations or musters are not used, travel status will be determined using the unit training schedule and/or commander's guidance on reporting and dismissal times.

e. Travel status in connection with AD tours begins when a soldier leaves the place from which ordered to active duty. It ends when he or she reports for duty in compliance with the instructions contained in the AD orders. Travel following completion of such an AD tour, begins when a soldier is dismissed for departure by proper authority and ends when a soldier returns to the place from which ordered to AD. Refer to AR 135-200, chap 1, and DODPM, paragraph 10242 and table 1-2-4 for additional guidance concerning travel time.

1-7. Employment in a military capacity

The requirement to have been injured or become ill "while so employed" in a military status is also a critical element which must be met in order to qualify for entitlements. The term "while so employed" means that a soldier has not yet been released from military control and duty. An example of an incident which does *not* meet the "employment" requirement occurs when a soldier is released from duty early, but his or her orders are not yet terminated, and he or she is injured after returning home. In this example, even though the soldier is entitled to receive pay for the full day of the release, the soldier reverts to civilian status the instant he or she is released from military control (where no travel is involved). The soldier is then no longer entitled to the benefits described in this regulation unless otherwise noted.

Chapter 2 Medical Benefits

2-1. General

Section 1074, title 10 United States Code provides that RC soldiers who incur or aggravate an injury, illness, or disease while participating in training, may be treated in a military medical treatment facility (MTF) or be provided medical care elsewhere at Government expense. Table 2-1 lists medical entitlements for RC soldiers. This table provides only general guidance concerning health care entitlements and should not be used alone in making determinations concerning authorization to care.

Table 2-1
Entitlement to medical care for RC soldiers disabled after 29 September 1988

Medical care ¹	IDT		AD for 30 days or less		AD over 30 days	
	Yes	No	Yes	No	Yes	No
Training-related						
Injury	X		X		X	
Illness	X		X		X	
Disease	X		X		X	
Travel-related						
Injury	X		X ²		X	
Illness	X		X ²		X	
Disease	X		X ²		X	

Notes:

¹ Authorized for family members only when RC soldiers are serving on AD pursuant to orders specifying a period of more than 30 days.

² Travel time is generally limited to 1 day.

2-2. Procedures relating to medical care

a. A soldier (patient) will—

(1) Keep unit or ARPERCEN and medical department activity (MEDDAC) or dental activity (DENTAC) commander advised of current home address and telephone number. Report any address or telephone changes immediately.

(2) Report for all scheduled medical and dental appointments.

(3) Immediately notify unit of all scheduled appointments.

(4) Comply with all lawful orders of the MEDDAC/DENTAC commander or designated representatives.

(5) Perform such tasks and assignments in the MTF as may be directed by the MEDDAC/DENTAC commander or a designated representative (commensurate with patient's grade, physical profile, and condition).

b. The RC unit commander or CG, ARPERCEN will—

(1) Advise local supporting Army MEDDAC/DENTAC commander telephonically of each injury, illness, or disease as soon as it occurs and follow up in writing (fig 2-1). Notify State headquarters, or MUSARC, as appropriate.

(2) Monitor patient's treatment progress until entitlement to care ends.

(3) Report any patient address or telephone number changes to supporting Army hospital's Patient Administration Division (PAD).

(4) Authorize only bona fide emergency care by civilian health care providers. The RC commanders *may not* authorize nonemergency care by civilian health care providers.

(5) Forward any bills to MEDDAC or State headquarters as appropriate within 48 hours of receipt for authorized medical care. Attach a copy of approved LD, that might have been mis sent to the unit by civilian health care providers.

(6) Open and maintain a file on each soldier who incurs an injury, illness, or disease which is likely to result in a health care claim against the Government. Include a commander's checklist for health care (fig 2-2) and a schedule of treatment appointments.

(7) Promptly refer personnel for fitness evaluations, Medical

Evaluation Board (MEB) proceedings and/or Physical Evaluation Board (PEB) not more than 4 months from the date of incident.

2-3. Injury and disease before 15 November 1986

a. The law provides different entitlements for injury and disease (to include illness). Refer questions concerning entitlements before 15 November 1986 through channels to HQDA(DAPE-MBB-C).

b. An injury is generally defined as a wound or other similar damage to the body. Examples of injuries are fractures; loss of a limb, eye, or other extremity; blow to the body; concussion; or laceration (cut).

c. Disease is defined as an abnormal physiological functioning. Examples are conditions leading to heart attack, cancer, smallpox, yellow fever, and most strokes and hepatitis.

2-4. Duty status

a. *Categorization of status.* (See chap 1 for additional details pertaining to status.)

(1) Active duty pursuant to orders specifying periods of more than 30 days.

(2) Active duty pursuant to orders specifying a period of 30 days or less.

(3) Inactive duty training.

b. *Verification of duty status.* Orders and, following completion of a tour, pay vouchers will be used to verify a soldier's AD status and substantiate entitlement to medical treatment. The critical factor in determining entitlement is the period specified in orders (duration of orders) rather than the actual time spent on AD (exceptions to this rule are addressed in para 1-7.)

c. *Active duty exceeding 30 days.* The RC members, including soldiers in the Active Guard Reserve Program, who are ordered to AD for a period of more than 30 days are authorized medical care for themselves and their authorized dependents on the same basis as their Active Army counterparts and as prescribed by AR 40-3.

d. *Active duty of 30 days or less.* Medical treatment in military or other Federal facilities or at Government expense for soldiers is authorized when an injury or disease is incurred or contracted while in an AD status of 30 days or less. (See para 1-5.)

(1) When it is determined that an injury, illness, or disease was not incurred in the line of duty, medical treatment is not authorized beyond the expiration date of the AD orders. If not in line of duty (NLD) is determined after expiration of orders, entitlement to funded medical treatment ends on the date the soldier is notified of final NLD finding. (Due to the short duration of most IDT, LD will normally not be determined prior to completion of training.) Entitlement ends on the date a soldier is notified of final NLD determination. (Refer to AR 600-8-1 for policy concerning LD determinations.) Thereafter, the payments for all ensuing health care related expenses becomes the responsibility of the soldier. The unit commander or CG, ARPERCEN, as appropriate, is responsible for notifying the soldier of final LD determination. If the soldier disagrees with the LD determination, an appeal will be completed and processed according to procedures contained in AR 600-8-1. Unit commanders or CG, ARPERCEN, as appropriate, will immediately notify the MEDDAC commander, civilian medical care provider, or Department of Veterans Affairs hospital patient administrator, as appropriate, of NLD findings. The notification will also state that the Army will no longer be responsible for future treatment or care as well as the date the soldier was notified of the LD finding.

(2) When assigned duties as advance or rear party, such as during AT, and listed on an appropriate AT order annex, RC soldiers are authorized care on the same basis as other RC personnel on AD orders of 30 days or less.

(3) Once incapacitated, orders will not be revoked, amended, or extended on soldiers who are injured or contract an illness or disease while on AD for 30 days or less.

(4) Commanders of TRADOC installations are responsible for immediately reporting to the RC unit commander or CG, ARPERCEN, as appropriate, any incident in which a soldier incurs or aggravates an injury, illness, or disease. This will include incidents leading to disability or death while participating in IADT or initial

entry training (IET). This responsibility includes furnishing the unit commander a copy of the approved LD.

(5) Installation commanders will immediately report to the RC unit commander or CG, ARPERCEN, any incident in which a soldier incurs or aggravates an injury, illness, or disease including an incident leading to disability or death of any soldier at his or her installation. This includes furnishing the unit commander a copy of the approved LD.

e. Inactive duty training. Unit commanders or designees may authorize medical treatment in a military or Government MTF or elsewhere (if an emergency/life threatening condition exists). This will be at Government expense for injury, illness, or disease which was incurred, or aggravated ILD(para 1-5).

(1) The training schedule along with the following DA Forms will be used to verify status in the above category to substantiate entitlement to medical treatment for LD injury, illness, or disease:

(a) DA Form 1379 (US Army Reserve Components Unit Record of Reserve Training);

(b) DA Form 1380 (Record of Individual Performance of Reserve Duty Training);

(c) or DA Form 5350 (US Army Reserve Drill Recording Form).

(2) Pay for training in the activities listed in paragraph 1-5e is not a requirement to qualify for entitlement to medical treatment.

(3) Injuries sustained by soldiers not serving on AD and while voluntarily participating in aerial flights in Government-owned aircraft under proper authority and incident to training qualify for funded medical treatment.

(4) LD travel injury, illness and/or disease incurred or aggravated during IDT qualify for medical treatment on the same basis as other IDT related incapacitation.

(5) LD injury, illness, or disease incurred or aggravated during the time period between MUTA-2 training assemblies is deemed to have occurred in IDT status.

f. Medical and dental care for injury, illness, or disease.

(1) Soldiers are entitled to medical and dental care for the treatment of injury, illness, or disease incurred or aggravated in LD while in a duty or duty travel related status.

(2) Care will continue to be provided until the soldier's condition cannot be materially improved by further treatment.

g. Patient status following termination of orders. Soldiers receiving care in a Government or civilian health care facility at Government expense are in a patient status following termination of orders. Patient status means that the soldier is authorized medical care at Government expense for LD injury, illness, or disease. Patient status is not active duty. Pay and allowances (incapacitation pay) are not always authorized. Retirement points are not authorized for time spent in patient status. Soldiers do not accrue leave while in a patient status. (See para 2-6 concerning entitlements for injury, illness, or disease in a medical treatment facility.)

h. Normal military duties.

(1) Participation in or attendance at scheduled training is not indicative that a soldier can perform "normal military duties" and will not be used as a basis for terminating entitlement to medical treatment. (Soldiers should be discouraged from participating in IDT while incapacitated.)

(2) Return to or acceptance of civilian employment may not terminate entitlement to medical care at Government expense.

i. Reserve Officers' Training Corps—Simultaneous Membership Program(ROTC-SMP) or Early Commissioning Program (ECP). Soldiers who are participating in these programs on active or inactive duty training or in travel status as members of an RC unit, are entitled to Government funded health care on the same basis as other soldiers.

2-5. Travel status

a. See paragraph 1-6 for requirements pertaining to travel status.

b. See paragraph 1-5e for inactive duty travel.

(1) Travel status before or after IDT is discussed in paragraph 1-6.

(2) LD injuries incurred at the training site before opening or

after closing formation are considered to have occurred in a travel status (excluding unauthorized delays).

(3) The training schedule will be used to determine whether the soldier was in a travel or training status.

(4) Reservists who attend unofficial unit functions after closing formation (i.e.promotion or farewell party) are not considered to be in a duty or travel status.

c. See paragraph 1-5b for AD travel (including AT).

(1) Medical care is authorized for soldiers who incur or contract an injury, illness, or disease in line of duty.

(2) Travel status before or after AD is discussed in paragraph 1-6.

2-6. Treatment for soldiers in IDT status or ordered to AD for 30 days or less

a. The health services listed below are authorized for injuries, illness, or disease, incurred or aggravated ILD as indicated in AR 40-3 or decisions of the Comptroller General of the United States.

(1) Emergency civilian, Armed Forces or Federal treatment (such as that provided by paramedics to save the life, limb, or eyesight of an RC soldier). (See fig 2-1 for letter required to be sent for emergency care cases.)

(2) Hospitalization (in-patient care).

(3) Rehospitalization.

(4) Dental care (care must be directly related to the injury, illness, or disease for which medical treatment is authorized.) Routine dental care is not authorized. Only emergency dental care will be provided to soldiers in IDT status or in AD status of 30 days or less when the condition requiring treatment is not directly associated with ILD injury, illness, or disease.

(5) Medication (pharmaceuticals).

(6) Outpatient treatment (such as physical therapy, x-rays, cast removal, clinic visits).

b. The following services are not authorized in an MTF or at Government expense(regardless of LD status):

(1) Acupuncture.

(2) Chiropractic treatment.

(3) Nonemergency care furnished by a private hospital, clinic, dentist, physician, nurse, or other authorized health care provider, unless prior written approval is obtained in advance from authorities outlined in paragraph 2-7b.

(4) Surgical or invasive procedures for conditions which existed prior to service(EPTS) health disorders (except for conditions aggravated while in a duty or travel status). Only palliative or supportive care will be provided until such time as the soldier can be returned to his or her private physician for treatment and care.

(5) Routine dental care.

(6) Elective care.

c. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)protection or entitlement to treatment in an MTF is not authorized for dependents unless the soldier is on orders of more than 30 continuous days. In such cases, entitlement to CHAMPUS coverage or authorization to utilize a military MTF begins on the first day of an AD tour of more than 30 consecutive days.

d. CHAMPUS will not be used to pay for injury, illness, or disease of RC soldiers(except when an RC soldier is also a dependent of a member of the uniformed services on AD for more than 30 consecutive days, and treatment is received as a dependent rather than as an RC soldier).

e. Conditions such as those listed below are normally EPTS and treatment will not be provided when an individual is in an inactive duty status or on active duty for 30 days or less.

(1) Cancer.

(2) Pregnancy and child birth.

(3) Human immunodeficiency virus (HIV). (Medical evaluation is authorized as it is not considered to be treatment.)

(4) Substance abuse (such as self-injected drugs, glue sniffing, marijuana smoking).

(5) Birth defects.

(6) Tuberculosis.

(7) Heart Disease (treatment for pre-existing heart disease which

is manifested during periods of AD will be provided only when the condition is determined to have been aggravated in the performance of duty).

f. When necessary, the following will be provided at no cost to soldiers in conjunction with authorized treatment:

- (1) Wheel chairs.
- (2) Canes.
- (3) Crutches.
- (4) Glasses.
- (5) Hearing aids.
- (6) False teeth.
- (7) Reconstructive dental work (caps, crowns).
- (8) Prosthetic devices.
- (9) Orthopedic devices.
- (10) Medications and pharmaceuticals.

g. After entitlement to health care ends, soldiers will be referred to a VA facility for replacement items such as hearing aid batteries.

h. Medical treatment and hospitalization will be provided to RC soldiers in Army treatment facilities whenever possible. Emergency care necessary to save the life, limb, or eyesight of a soldier will be obtained from the nearest available civilian or military source capable of providing such life-saving care. Prior authorization is not required to use civilian facilities for emergency medical care. Non-emergency care by civilian health care providers is not authorized unless prior approval is obtained from the supporting Army MTF commander (for USAR soldiers) NGB (for ARNG soldiers). Approval must be obtained in writing. Care obtained without prior approval from the supporting Army MEDDAC/DENTAC commander or NGB may require payment by the soldier. When in an AD status, as described in paragraph 1-5b, care will continue to be provided until a final LD determination is made or AD orders terminate, whichever is later, unless the condition is obviously EPTS. Non-emergency invasive surgery should not be performed on any soldier prior to a finding of in line of duty. An obvious EPTS condition does not necessitate a LD investigation and, therefore, medical care is not authorized at Government expense. Example: A soldier reports to duty with a cast on his or her leg, a LD need not be initiated or medical care provided. If NLD determination is made, entitlement to further funded medical care ceases and treatment costs become the patient's responsibility. When in an inactive duty status, as described in paragraph 1-5e, medical care costs are the responsibility of the soldier unless found to have been incurred or contracted ILD. The senior person present will determine if the incident is an emergency life, limb, or eyesight threatening situation. The Army, is not, however, responsible for emergency medical bills if the condition is determined EPTS. Priority for providing medical care to RC members is as follows:

- (1) Emergency life, limb, or eyesight saving (fastest available civilian or military care or treatment is appropriate).
- (2) Army MTFs.
- (3) MTFs of the Navy or Air Force. (See AR 40-3, table 7-2.)
- (4) Veterans Administration (VA) hospitals. (See app B for a listing of their locations.)
- (5) Uniformed services facilities (former public health service hospitals—see app C for a listing of their locations).
- (6) Civilian health care facilities. Use format at figures 2-1 as appropriate, to request such care. (For the USAR, contact the nearest MEDCEN or MEDDAC. This information is also available by contacting Cdr, HSC, ATTN:HSOP-FF, Ft. Sam Houston, TX 78234-6000, for a listing of health service regions and Service areas to determine where to send such requests. (For the ARNG, forward to NGB for approval.) DD Form 689 (Individual Sick Slip) will be used in each instance when a soldier is referred to a military or Government MTF. AR 600-6 provides details for usage and proper completion.

i. Injury, illness, or disease incurred while participating outside the continental United States (OCONUS) training will be treated in a United States(US) MTF whenever possible. Allied forces' MTFs will be used as a second priority. Civilian hospitals may be used in emergencies and when no US or allied MTF is available. Patients

will be evacuated from allied or foreign MTFs as soon as they can be transported without endangering their life, limb, or eyesight and according to the theater commander's patient evacuation policy. Commanders will notify the designated Army Medical Department approving authority immediately whenever an RC soldier is hospitalized in a non-US civilian, military or Government MTF. A listing of approving authorities OCONUS is contained in AR 40-3.

j. Foreign military personnel training with US RC units may be treated in US MTFs for injury, illness or disease per AR 40-3, chapter 4.

k. Every effort will be made by unit, installation, and MTF commanders, as well as State headquarters of the ARNG to obtain and provide quality medical care, if possible in Army MTFs, to ensure the least possible cost to the Government.

l. Authorization for treatment in civilian health care facilities is appropriate for minor injuries or illnesses qualifying for care when—

- (1) The soldier is more than 50 miles or 90 minutes driving time, whichever is greater, from a facility listed in i above.
- (2) One of these facilities cannot provide the necessary care.
- (3) When the treatment cannot be provided in a timely fashion.
- (4) Such treatment would be more cost effective.

m. Special arrangements should be made for soldiers when they are required to travel following procedures such as those involving anesthesia or dilation of the eyes. Health care for more serious conditions will normally be provided in a military MTF, regardless of time or distance factors.

n. In instances where medical bills from private health care providers for USAR soldiers are erroneously sent to the unit or ARPERCEN, the commander will forward them, within 48 hours of receipt, to the Patient Administration Division of the supporting Army MTF for payment. Medical bills for ARNG soldiers will be forwarded to State headquarters.

o. Patients may be transferred from a civilian hospital to a facility listed in i above, at Government expense, when determined to be in the best interests of the Government and/or individual. Such transfers will be fully coordinated by medical professionals at the civilian treatment center and the accepting Federal facility. If a patient refuses to be moved, his or her receipt of medical care at Government expense terminates effective on the date of refusal to move. Financial liability for further treatment then becomes the personal responsibility of the soldier. In such situations, the MTF commander will advise the soldier, in writing, of the end to Government funded health care at civilian health care facilities. Patients ordered, by the MTF, to transfer between MTFs (except locally) will be issued appropriate travel orders or provided transportation at Government expense. Policy on travel advances is found in paragraph 4-10. This policy applies to soldiers regardless of rank.

p. Enlisted soldiers if not otherwise entitled to pay and allowances, are entitled to subsistence during hospitalization.

q. Every effort will be made by medical personnel to return soldiers to normal military duty as quickly as possible, consistent with sound professional medical principles and practices.

r. In instances where it is suspected that medical treatment or funding for medical treatment, has been obtained improperly, the Inspector General (IG) or appropriate military law enforcement agencies should be requested to investigate.

s. Treatment for a subsequent injury, illness, or diseases incurred or aggravated in the line of duty by a soldier undergoing authorized care in a hospital (patient status) is authorized at Government expense. This is regardless of duty status, as defined to paragraph 1-5, at the time the injury, illness, or disease was incurred or aggravated.

t. Entitlement to funded medical care ends when the patient's condition cannot be materially improved by further hospitalization or treatment.

u. After entitlement to Army funded health care ends, patients may qualify for assistance from the VA.

v. Travel orders will be issued to soldiers by the MUSARC, CG ARPERCEN, or State Headquarters who are required to travel in

excess of 50 miles or 90 minutes driving time for health care authorized as a result of LD injury or illness.

2-7. Medical and dental care following completion of training

a. Soldiers are authorized followup medical care for injury, illness, or disease incurred or aggravated in line of duty after completion of active or inactive duty training.

b. Care required at a military MTF after termination of the ordered training period requires written authorization from the following officials or their designated representatives listed in (1) through (8) below. The authorization document will certify that the condition for which treatment is requested was incurred, contracted, or aggravated ILD. Authorization is not required for followup care which was initiated during a period of training.

- (1) Commanders CONUSA.
- (2) CG, ARPERCEN.
- (3) CG, WESTCOM.
- (4) CG, 6th Infantry Division.
- (5) CG, USARJ.
- (6) Commander-in-Chief, USAREUR.
- (7) CG, USARSO; or
- (8) State Adjutants General.

2-8. Denial of health care

Soldiers who believe that they have been improperly denied health care should notify their unit commander or CG, ARPERCEN. If the appropriate commander is unable to resolve entitlement, the matter should be referred to the appropriate headquarters for resolution.

2-9. The RC cardiovascular screening program

a. The cardiovascular screening program (CVSP) is required for soldiers, as outlined in AR 40-501. The CVSP identifies cardiovascular risk factors and encourages lifestyle modification of the service member.

b. All soldiers will undergo the CVSP as part of every periodic physical examination taken after age 39.

c. The CVSP will be done only during a duty status (para 1-6) to ensure that the soldier's rights to medical care, incapacitation pay, disability entitlements, and death benefits is preserved.

d. Government funded medical care is permitted for illness or disease which is incurred or aggravated in line of duty by soldiers during active or inactive duty training status.

e. The CVSP consists of four phases each which carries increased inherent risk as part of the medical procedure used.

(1) *Phase I.* This is the primary screen accomplished during the periodic physical examination to identify for the soldier, risk factors that can be modified to reduce the risk of coronary artery disease. It will include—

- (a) A full physical examination.
- (b) DA Form 5675, (Health Risk Appraisal Assessment (HRAA)).
- (c) Fasting blood sugar.
- (d) Total Serum Cholesterol and High Density Lipoprotein (HDL) ratio, if feasible.
- (e) Electrocardiogram (ECG).
- (f) Smoking history.

(2) *Phase II.* This phase is required for all soldiers who fail the Phase I screening due to—

- (a) A Farmingham Risk Index of greater than 7.5.
- (b) A total cholesterol of 270 mg/dl or a cholesterol to (HDL) ratio of 6.0 or greater.

(c) The presence of all three of the risk factors listed in (1) through (3) below. This medical consultation will be completed by a cardiologist, internist, or family practitioner who is privileged to perform and interpret the required evaluations to include; an independent history and medical examination; and a maximum symptom limited exercise tolerance test.

1. A history of smoking greater than 10 cigarettes per day.
2. A total cholesterol of 240 mg/dl.

3. A blood pressure of greater than 160 mmHg (systolic) or greater than 90 mmHg (diastolic).

(3) *Phase III.* When one or more of the Phase II results are positive, the consulting physician will refer the soldier to Phase III testing which will be performed by a cardiologist or internist who is qualified to perform the following required tests:

- (a) Nuclear cardiology therapy.
- (b) Cardiac catheterization.

(4) *Phase IV.* This is definitive medical and/or surgical treatment for coronary artery disease that may include—

- (a) Definitive medical therapy.
- (b) Percutaneous transluminal coronary angioplasty PCTA.
- (c) Coronary artery bypass surgery.

f. By law the RC soldier is not eligible for Phase IV except in an emergency situation.

g. Soldiers, who reach their 40th birthday who have passed an Army Physical Fitness Test (APFT) within 1 year, and exercise regularly, may continue to participate in physical training and taking the APFT without completing the CVSP. The CVSP will then be completed at the next periodic physical.

2-10. Army Weight Control Program

Soldiers participating in the Army Weight Control Program will not be denied authorized medical benefits for LD injury, illness, or disease solely because they are enrolled in the Army Weight Control Program.

2-11. Incapacitation resulting from participation in airborne training or operations

a. To qualify for funded medical treatment for injury, illness, or disease incurred or aggravated in airborne training or operations, not only must the soldier be in an AD or IDT status but must also meet the other criteria of this regulation and, the operation must have been—

- (1) Annotated on the training schedule.
- (2) Conducted on an approved drop zone.
- (3) Approved by the command and control headquarters designated to approve airborne operations.

b. In addition to the requirements in *a* above, demonstration airborne operations must have been properly scheduled and approved in writing prior to the operation.

c. Care for injury, illness, or disease incurred or aggravated during airborne operations will be provided per paragraph 2-6.

2-12. Incapacitation by military technicians

a. Military technicians participating in AD or IDT in a military status are eligible for the same entitlement to medical care as other soldiers.

b. Injury, illness, or disease suffered while performing duties as a civilian employee of the Department of the Army or a State, possession, territory or the District of Columbia does not qualify technicians for medical care at Government expense under this regulation.

c. Special attention will be devoted to military technicians to determine the status of such individuals; that is, civilian, military, or neither at the time of incapacitation to ensure fairness and equity to the Government and the individual.

d. Wear of the military uniform at the time of injury, illness, or disease is not determinative of entitlement to medical care.

2-13. Incapacitation of Active Guard Reserve (AGR) personnel

a. AGR personnel ordered to continuous active duty in excess of 30 days are entitled to the same health care benefits as their Active Army counterparts, per AR 40-3.

b. Procedures to be followed for authorized dependents of AGR personnel are contained in paragraphs 2-6c and d.

c. Followup care for AGR soldiers will be provided as prescribed in paragraph 2-7.

2-14. Members excused from training due to unsatisfactory participation

a. Soldiers who are excused from IADT for unsatisfactory participation are generally not authorized medical coverage at Government expense. Determinations will be made on a case-by-case basis by the Incapacitation Review Board per chapter 5, if necessary.

b. Unit commanders will ensure that a "U" is entered on DA Form 1379 for period(s) of unsatisfactory participation to document no entitlement. (See AR 140-185 for preparation of DA Form 1379 and AR 135-91 for the definition of unsatisfactory participation).

2-15. Injury, illness, or disease during athletics

Soldiers who incur or aggravate an injury, illness, or disease while participating in scheduled or authorized athletic events while in a duty status are entitled to treatment commensurate with their status (paras 2-4 and 2-7).

2-16. Serious injury, illness, or disease

a. Soldiers who incur or aggravate a serious injury, illness, or disease in line of duty will be referred to a medical evaluation board (MEB). A MEB is convened to document a soldier's medical status and duty limitations insofar as duty is affected by the member's medical status. AR 40-3 and AR 635-40 provide details for MEB processing.

b. Soldiers who are incapacitated while in a duty status as defined in paragraph 1-5 and cannot be returned to "normal military duties" should be evaluated by a physical evaluation board (PEB) consistent with AR 635-40.

c. Soldiers who incur or contract an injury, illness, or disease ILD while in a duty or travel related status making them unfit for continued military service will be evaluated by a PEB. Soldiers will not be issued active duty orders for MEB/PEB processing. Travel orders, however, will be issued if the soldier lives over 50 miles or 90 minutes from the MEDDAC. (Soldiers who incur disabilities en route to or from IDT in a travel status are not currently eligible for disability benefits.)

d. Soldiers who do not meet the above criteria for processing by a PEB or who are incapacitated or disabled while not in a duty status and are unfit for continued military service will be processed for separation per AR 135-175, AR 135-178, and AR 635-40, chapter 8.

2-17. Injury, illness, or disease manifested after duty or travel status is complete

a. Injury, illness, or disease manifesting itself after completion of duty or travel status (chap 1) does not qualify a soldier for Government provided or funded medical care.

b. An exception may be made if there is clear and convincing evidence that the injury, illness, or disease was incurred or aggravated in a duty or travel status and providing the soldier otherwise qualifies. That is, when a disease condition manifests itself after completion of training but service medical authority determines, based on the known incubation period of the disease, that the soldier could only have contracted the disease while in a duty status. Burden of proof will rest with the soldier.

2-18. Death

Chapter 6 provides policy and procedures to be followed in the event of death.

(Letterhead)

OFFICE SYMBOL

MEMORANDUM FOR: Commander, U.S. Army Medical Activity, ATTN: Patient Administration Division, Fort Custer, South Dakota 12345-6789

SUBJECT: Notification of Emergency Health Care

1. This is to advise you that emergency health care was provided in a non-Government medical facility for a Reserve Component soldier as follows:

- a. Name: John Smith.
- b. Rank: SFC.
- c. Social Security Number: 116-30-4008.
- d. Unit of assignment: 221st Sig Bn.
- e. Unit location: Talon, SD 12345-5600.
- f. Unit telephone number: 312-555-1312.

2. The above named soldier was injured on 6 April 1990 at 1330 hours while performing AD at FT Gordon, GA.

3. Emergency care was provided at Eisenhower Medical Center, Ft Gordon, GA.

4. Details of the incident, character, and extent of condition requiring treatment are as follows: SFC Smith was operating a forklift machine and was unloading a pallet of combat radio equipment when the weight of the pallet shifted. This caused the forklift machine to overturn pinning SFC Smith to the concrete platform. Resulting injuries required hospitalization for treatment of multiple bruises and lacerations and a fracture to the rib cage.

5. A line of duty investigation was initiated under AR 600-8-1 on 13 June 1990.

6. Soldier's home address and telephone number are Route 2, Manning, SC, AC 803 456-2345.

7. I certify that to the best of my knowledge this emergency care was necessary to save life, limb, or eyesight of the soldier involved. Or, emergency care at a Government health care facility was not possible because one is not located within 50 miles or 90 minutes driving time of the place where the incident occurred.

8. Request your facility assume management responsibility for further health care delivery to this soldier and keep me apprised of the soldier's condition and progress to include scheduled MEB and PEB dates.

9. Bills incurred in conjunction with this emergency care will be forwarded to your facility for payment immediately on receipt.

GEORGE X. BAVER
COL, AG, USAR
Commanding

CF:
SFC John Smith

Figure 2-1. Sample memorandum for notification of emergency health care

(Letterhead)

(OFFICE SYMBOL)

Date

MEMORANDUM THRU: (See para 2-7 for approval authorities)

FOR: Commander, U.S. Army Medical Activity, ATTN:Patient Administration Division, Fort Custer, South Dakota 12345-6789

SUBJECT: Request for Followup Medical Care

1. Reference: AR 40-3, paragraph 4-2.
2. Request followup medical care be authorized for the following:
 - a. Name: John Wayne.
 - b. Rank: MSG.
 - c. Social security number: 506-31-4693.
 - d. Unit of assignment: HQ, 5505th USARF School.
 - e. Unit location: Charlotte, NC 14209-5500.
 - f. Unit telephone number: 309-88-3673.
3. This soldier was injured on 4 May 90 at 1330 hours while performing AD at Columbia College, MO. Details of the incident are as follows:
 - a. Character and extent of condition requiring treatment.
 - b. Emergency treatment provided at Fort Leavenworth, MO
 - c. Period of duty: 1-15 May 1990.
4. Line of duty investigation, DA Form 2173 (Statement of Medical Examination and Duty Status) or DD Form 261 (Report of Investigation - Line of Duty and Misconduct Status) was initiated on 7 May 1990, enclosure 1 indicating a recommendation of in line of duty. Final line of duty determination will be forwarded as soon as it is received from the casualty area commander.
5. MSG Wayne's home address and telephone number are as follows: 123 Main St, St Petersburg, FL 23445-5210, AC 312-569-3875.

Encl

GEORGE X. BAUER

COL, AG, USAR

Commanding

Figure 2-2. Sample memorandum for requesting followup medical care

Chapter 3 Disability

3-1. General

Chapter 61, title 10, United States Code, provides benefits for soldiers who are disabled by injury, illness, or disease incurred or aggravated in line of duty while in a duty or duty related travel

status except for soldiers traveling to or from IDT. This chapter defines those entitlements. AR 635-40 establishes Army policy and procedures for processing disability cases.

3-2. Status

In order to qualify for Army disability benefits, soldiers must have incurred or aggravated an injury, illness, or a disease condition

while in a duty or travel status as defined in chapter 1. There are several additional criteria that must be met as outlined in the following paragraphs. Table 3-1 indicates the circumstances under which soldiers may qualify for disability processing. This table provides only general guidance concerning disability benefits and should not be utilized alone in making determinations concerning eligibility for disability benefits.

Table 3-1
Disability retirement or separation for RC soldiers disabled after 14 November 1986

	IDT		AD for 30 days or less	
	Yes	No	Yes	No
Disability Retirement/ Separation ^{1,2}				
Training-related				
Injury		X	X	
Disease/illness		X	X	
Travel-related				
Injury		X	X ³	
Disease/illness		X	X ³	

Notes:

¹ Includes placement on Temporary Disability Retired List.

² Finding of "in line of duty" per AR 600-8-1 is mandatory to qualify for disability retirement/separation benefits.

³ Travel time generally limited to 1 day.

3-3. Line of duty determination

A finding that the injury, illness, or disease was incurred or aggravated in line of duty AR 600-8-1 is mandatory to qualify for benefits.

3-4. Types of disability status

Once DA has determined that a soldier is unfit for further military service, he or she will be placed into one of the following disability status categories if otherwise qualified:

- a. Permanent Disability Retired List.
- b. Disability discharge with severance pay (if eligible).
- c. Temporary Disability Retired List (TDRL).

3-5. Active duty for more than 30 days

RC soldiers, including those serving in the AGR Program, who are disabled from injury, illness, or disease while on active duty orders for more than 30 consecutive days are eligible for the same disability benefits as their Active Army counterparts.

3-6. Active duty for 30 days or less, or inactive duty training

RC soldiers who are disabled from injury, illness, or disease while serving on active duty orders for periods of 30 days or less, or while on inactive duty, are eligible for the benefits described below.

a. *Disability retirement.* Soldiers may qualify for disability retirement if—

- (1) The disability is permanent and stable.
- (2) The disability was not the result of intentional misconduct or willful neglect and was not incurred while absent without leave.
- (3) The soldier has at least 20 years of service as defined in section 1208, title 10, United States Code (10 USC 1208) (RC soldiers not on extended AD use section 1333, title 10, United States Code (10 USC 1333) for computations) or the disability is at least 30 percent under the VA disability rating schedule in effect at the time of determination.
- (4) The disabling injury, illness, or disease is the proximate result of performing AD or IDT. (To qualify for disability retirement due to illness or disease conditions incurred or aggravated prior to 15

November 1986, a soldier must have been serving on AD for more than 30 days.) Travel-related injury, illness, or disease is generally not considered the proximate result of performing IDT. Disabilities incurred or aggravated in conjunction with AD travel may qualify.

b. *Disability separation.* A soldier may qualify for disability separation if—

- (1) The disability is or may be permanent in nature.
- (2) The disability is not the result of intentional misconduct or willful neglect and was not incurred while absent without leave.
- (3) He or she has less than 20 years service as computed under 10 USC 1208 (RC soldiers not on extended AD, use 10 USC 1333 for computations).
- (4) The disability is less than 30 percent under the VA rating schedule in effect at the time of determination.

(5) The injury, illness, or disease is the proximate result of performing active duty on orders for 30 days or less, or IDT. (To qualify for disability separation due to illness or disease conditions incurred or aggravated prior to 15 November 1986, a soldier must have been serving on AD orders in excess of 30 days.) IDT travel-related injury, illness, or disease does not qualify for disability separation. Injury, illness, or diseases incurred or aggravated in conjunction with AD travel may qualify.

c. *Temporary Disability Retired List.* An RC soldier disabled while on AD orders for 30 days or less or while performing IDT may be placed on the TDRL with retired pay if the disability is determined not to be permanent in nature and stable, but may be permanent, and the soldier otherwise meets the criteria of this paragraph.

Chapter 4 Compensation

4-1. General

a. Section 204, title 37, United States Code provides authority for continuation of pay and allowances under certain circumstances to soldiers who are disabled ILD from injury, illness, or disease.

b. This chapter implements policy for soldiers disabled by injury, illness, or disease after 29 September 1988.

c. For the purposes of this regulation such continuation of pay and allowances is referred to as "incapacitation pay." Table 4-1 provides guidance concerning entitlement to incapacitation pay.

d. A prerequisite for entitlement to incapacitation pay is a completed, favorable LD investigation of injury, illness, or disease. However, a finding of ILD alone does not provide automatic entitlement to pay. No incapacitation payments allowing AT, TTAD, ADT, FTTD, ADSW or IDT may be made to any soldier unless he or she has been injured or incurred or aggravated an illness or disease in line of duty. (See AR 600-8-1 for completion of LD investigations.) Other requirements of law that must be met include—

- (1) Inability to perform normal military duties or demonstrated loss of nonmilitary income.
- (2) A finding that the soldier was disabled "while so employed."
- (3) The injury, illness, or disease was incurred or aggravated while in a duty or travel status.
- (4) Eligibility to receive incapacitation pay.
- e. Prerequisites for entitlement to incapacitation pay are inability to perform normal military duties or satisfactory demonstration of loss of nonmilitary earned income. In the latter case, the burden to prove loss rests with the soldier. (IDT pay is considered to be military income.)
- f. On release from AD or termination of IDT, a soldier may qualify for this entitlement.

g. Soldiers are entitled to a portion of the same monthly pay and allowances as is provided members of the Active Army with corresponding grade, length of service, marital status, and number of dependents for each period the soldier is unable to perform normal military duties or can demonstrate loss of compensation from nonmilitary income. Maximum amount payable for any given period is

an amount equivalent to military pay and allowances for the period in question. A soldier disabled on or after 30 September 1988 who is determined unable to perform normal military duties by military medical authority may receive full military pay and allowances. If a soldier in this category continues to receive income from non-military sources, this income will be deducted from the incapacitation pay entitlement. If a soldier can perform normal military duties, but loses nonmilitary income for an injury, illness, or disease incurred or aggravated on or after 30 September 1988, the soldier is entitled upon request, to a portion of pay and allowances. It would be an amount equal to lost civilian earned income or full pay and allowances, whichever is less. Soldiers who incur or aggravate an injury, illness, or disease before 30 September 1988 may be entitled to benefits.

h. Soldiers will not be issued AD orders in place of incapacitation pay as a means of providing benefits to which they might otherwise not be entitled.

i. Payment of incapacitation pay will not be made by any finance and accounting officer without a certificate of authorization from the soldier's MUSARC, ARPERCEN, or Army National Guard State Headquarters.

j. Only the Finance and Accounting Center and the Finance and Accounting Offices listed in appendix D providing support to the incapacitated soldier's unit of assignment may pay incapacitation pay to USAR soldiers. Under no circumstances, will other Finance and Accounting Offices (FAO), such as those providing support to the MEDDAC, be authorized to pay incapacitation pay to the disabled soldier.

k. There is no automatic entitlement to incapacitation pay. Each request is judged on a case-by-case basis and is based on a soldier's inability to perform normal military duties or demonstrated loss of nonmilitary income.

l. All USAR incapacitation payments and travel funds will be charged to the open allotment cited in the current AR 37-100-XX. Note: AR 37-100-XX-series dealing with the Army management structure, appropriations, and funds available for obligation expenses and expenditures is amended yearly to show the appropriate fiscal year(FY).

m. Incapacitation pay may be paid for up to a maximum of 6 months (180 days). The 6-month period need not be consecutive. (For example: a soldier is injured in March and meets the criteria in paragraph *k* may be paid incapacitation pay in April, May, July, September, December and January. The soldier may be paid for these months provided he or she continues to meet the criteria in paragraph *k* and meets other criteria outlined in this regulation.)

n. A soldier may be paid incapacitation pay for more than 6 months only with the approval of the Secretary of the Army (SA). The law permits additional payments only when in the opinion of the Service Secretary it is clearly in the interest of fairness and equity to do so. Only the most meritorious requests will be approved. At figure 4-1 is a sample request to exceed the 6-month statutory limitation. The example at figure 4-1 uses "injury" as a type of incapacitation. "Illness" or "disease" as applicable may also be substituted in each instance depending on the type of incapacitation. Requests must include as a minimum, the following:

- (1) Name/rank/SSN.
- (2) Organization.
- (3) Date of incident.
- (4) Type of training and date(s) (for example AT, TTAD, IDT, IDT travel).
- (5) Type of injury, illness, or disease. (Also state whether condition was incurred or aggravated.)
- (6) Type of LD (that is, informal or formal)/date/approving authority.
- (7) History of incapacitation payments (dates and amounts).
- (8) Background of the case (how the soldier incurred or aggravated the injury, illness, or disease).
- (9) Commander's recommendation. (Only meritorious cases should be forwarded for consideration. Must include the words "fairness and equity" as required by law.)

o. Requests must be initiated by the soldier's immediate commander and forwarded through command channels to HQDA (DAPE-MBB-C) at least 60 days prior to the end of the 6-month period (fig 4-1). A copy of the approval by the SA to exceed this 6-month limitation must be forwarded to the appropriate FAO. This will be as a part of any request for additional incapacitation pay along with the other documentation required by this regulation and the DODPM. Commander's request must include a copy of the approved LD investigation.

p. Table 4-1 only provides general guidance concerning entitlement to incapacitation pay and should not be used alone in making determinations concerning propriety of pay.

Table 4-1
Entitlement of incapacitation pay for RC soldiers disabled after 29 September 1988

Incapacitation pay ¹	IDT ²		AD	
	Yes	No	Yes	No
Training-related				
Injury	X		X	
Disease/Illness	X		X	
Travel-related				
Injury	X		X ³	
Disease/Illness	X		X ³	

Notes:

¹ Finding of ILD per AR 600-8-1 mandatory to qualify for pay.

² Maximum entitlement to incapacitation pay is 6 months, unless extended by the Secretary of the Army.

³ Travel time is generally limited to 1 day.

4-2. Loss of nonmilitary income

a. Determination of inability to perform normal military duties will be made by military medical authority (servicing MTF).

b. Demonstration of lost nonmilitary income will be provided by the soldier as indicated by his or her employer(s) on company or Government agency letterhead and certified by an official of the company or Government agency. At a minimum, the letter must contain the information listed below. (See fig 4-2.)

(1) The amount of gross nonmilitary income lost during the period of the claim and any payments made or benefits claimed under the employer's income protection plan (such as insurance) or sick leave.

(2) If the employee is not authorized or is not participating in an income protection plan ensure that paragraph 2 of figure 4-2 includes that the employee "is" or "is not" covered by an income protection plan.

(3) The statement in paragraph 3 of figure 4-2.

c. Soldiers may not be compelled to use their leave or vacation time in place of receipt of incapacitation pay. Likewise, soldiers who elect not to use their "sick leave" may be entitled to receive incapacitation pay, provided otherwise qualified and they meet all other criteria of law and regulation.

d. Multiple employer statements are required in instances where loss of income is claimed from more than one source to include requirements of ebelow if applicable.

e. Soldiers who are self-employed or have seasonal income will support their claim by submitting copies of their last Federal income tax form. Also provide supporting documentation (including Schedule C) filed with the Internal Revenue Service (IRS) together with any claims made with or benefits paid by any income protection plan. The soldier must submit a signed statement certifying such fact. A sample of a proper claim that must be submitted by all soldiers requesting incapacitation pay is at figure 4-3. The sample at figure 4-3 uses "injury" as the example of an incapacitation. "Illness" or "disease" may be substituted if that is the type of incapacitation being described. Ensure that you specify if the

incapacitation was "incurred" or "aggravated" and if it occurred while traveling "to" or "from" military training.

f. The soldier's claim must include a Privacy Act Statement (an example is shown at figure 4-4), which may be obtained from the soldier's unit or CG, ARPERCEN (for IRR soldiers).

g. Computation of incapacitation pay will be made according to table 8-2-3 of the DODPM. A formula and example for computing pay is at figure 4-5.

h. Nonreceipt of IDT pay may not be used in computing loss of nonmilitary income.

4-3. Injury, illness, or disease prior to 30 September 1988

(See para 2-3 for a definition of injury, illness, and disease.) The law provides different incapacitation pay entitlements for disease and injury and for conditions incurred or aggravated before 14 November 1986. Questions concerning injury or disease or entitlement to incapacitation pay before this date should be referred through channels, to HQDA (DAPE-MBB-C). Personnel who incurred or aggravated an injury, illness or disease during the period 14 November 1986 through 29 September 1988 should continue to be administered under the provisions of DAPE-MBB-C Memorandum, Subject: Interim Guidance Concerning Payment of Incapacitation Pay to RC Soldiers Disabled on or after 15 November 1986.

4-4. Status

a. There are different entitlements to pay and allowances depending on the soldier's status. (See fig 4-1.) Status is categorized as follows:

- (1) Active duty of 30 days or less.
- (2) Inactive duty training.
- (3) Travel.

b. Pay and allowances may be authorized when the soldier is disabled ILD by injury, illness, or disease while in an AD status. (See para 1-5b.)

(1) Orders and pay vouchers will be used to verify an RC soldier's AD status substantiating entitlement to pay and allowances.

(2) When assigned duties as advance or rear party, such as during AT and listed on an appropriate AT order annex, soldiers may be authorized pay and allowances on the same basis as other RC personnel on AD orders of 30 days or less.

(3) Orders will not be revoked or amended on soldiers to alter eligibility for incapacitation pay when in IDT status or AD for 30 days or less.

(4) Commanders of TRADOC installations will report injury, illness, or disease of soldiers to CG, ARPERCEN or RC unit commanders as appropriate, when such injury, illness, or disease is likely to result in a claim against the Government. Soldiers should be carefully counseled regarding their right to remain on AD if otherwise qualified.

(5) Disability resulting from injury, illness, or disease incurred or aggravated in conjunction with travel status may qualify RC soldiers for entitlement to incapacitation pay. (See para 1-6e.)

c. Soldiers who are disabled in line of duty during IDT status, or traveling directly to or from such duty, may be authorized incapacitation pay following that duty.

(1) The training schedule and DA Form 1379, DA Form 1380, DA Form 5350, or Commander statement will be used to verify status.

(2) Soldiers performing IDT without pay may qualify for incapacitation pay.

(3) In line of duty injury, illness, or disease sustained between MUTA-2 training assemblies is deemed to have occurred during IDT and may entitle soldiers to incapacitation pay.

d. Soldiers who are participating in the ROTC-SMP, who incur or aggravate an injury, illness, or disease while on active or inactive duty training as members of an RC unit, are entitled to incapacitation pay on the same basis as other RC soldiers.

e. Wear of military uniform at the time of injury of manifestation

of illness or disease will have no bearing on entitlement to incapacitation pay.

4-5. Medical treatment as it relates to incapacitation pay

a. Pre-existing medical conditions, such as cancer or tuberculosis, normally will not qualify soldiers for incapacitation pay.

b. The following conditions are considered to be NLD, therefore, incapacitation pay will not be provided:

- (1) Common cold.
- (2) Cancer.
- (3) Routine pregnancy (routine cases—exceptions: emergency care, complications, and rape victims).
- (4) Human Immunodeficiency Virus (HIV).
- (5) Venereal disease.
- (6) Substance abuse chemical dependency, drug addiction, or alcoholism.
- (7) Tuberculosis.

4-6. Criteria

a. Pay and allowances after release from AD for IDT may be authorized for RC soldiers, for a period of 6 months, for ILD injury, illness, or disease incurred or aggravated under any of the following conditions:

(1) Serving on AD for more than 30 days, or traveling to or from such duty (soldiers qualify only if they do not extend their orders).

(2) Participating on IDT or ADT orders for 30 days or less. (See para 1-5.)

(3) Traveling to or from an IDT training site or on AD orders for 30 days or less.

(4) Request for extension of incapacitation pay or continuation of AD beyond the 6-month period must be approved by the SA.

b. Soldiers may not be disqualified from receipt of incapacitation pay, provided otherwise qualified, solely because they are—

(1) Participating in the Army Weight Control Program.

(2) Not wearing the military uniform at time of injury, illness, or disease.

(3) Participating in organized athletics, the Army Physical Fitness Program, or cardiovascular screening at the time they are disabled.

(4) Members of the ROTC-SMP (for injury, illness, or disease incurred or aggravated ILD while training with their RC unit only).

c. Pay and allowances will not be authorized for soldiers—

(1) Who are injured, incur, or aggravate an illness or a disease NLD.

(2) Who are military technicians and are injured or incur or aggravate an illness or disease while neither on IDT or ADT nor travel status.

(3) Who are injured or incur or aggravate an illness or disease while completing correspondence courses.

(4) Who have been denied compensation by an incapacitation board action. (See chap 5.)

(5) Who demonstrate a loss of nonmilitary compensation as a result of an unauthorized elective medical, surgical, or dental treatment.

(6) Who are injured or incur or aggravate an illness or disease during airborne operations not authorized per paragraph 2-11.

(7) For travel status related injury, illness, or disease when travel is not direct and/or completed within a reasonable period of time.

(8) Beyond the 6-month statutory limitation unless authorized to do so in writing by the SA.

4-7. Payment procedures

a. All requests for incapacitation pay will be forwarded by the unit to the appropriate supporting finance and accounting officer. (See app D for USAR personnel.) Commanders will not certify claims for incapacitation pay that do not meet the criteria of this chapter.

b. Required documentation.

(1) DA Form 2139 (Military Pay Voucher) (fig 4-6).

(2) Line of duty investigation, DA Form 2173 or DD Form 261 with approving endorsement.

(3) Letter of authorization for incapacitation pay issued by the

unit commander, or incapacitation review board, per chapter 5. (DA Form 2173 or DD Form 261, with approving endorsement, need only be submitted with the initial payroll certification.)

c. Funds will be charged to the open allotment listed in the current AR 37-100-XX.

d. Suspected cases of fraud should be reported to the appropriate military law enforcement agency.

e. Only finance officers in agencies listed in appendix D are authorized to make incapacitation payments to USAR soldiers.

f. Claims considered doubtful should be submitted by the FAO to USAFAC for resolution.

g. Regardless of the amount of lost income claimed by a soldier, the maximum amount of military pay and allowances payable to a soldier will be limited to the amount otherwise due a soldier serving on AD with the same grade and years of service.

4-8. Leave

a. Entitlement to incapacitation pay does not place the member on AD and therefore no leave accrual is authorized.

b. Since no leave accrual is authorized, no lump sum payments may be made for unused leave.

4-9. Overpayments and dual compensation

a. Errors or overpayments will be recouped from a soldier's pay.

b. Soldiers receiving VA disability payments are required to waive such entitlements while receiving incapacitation pay. (See AR 37-104-10.)

4-10. Travel while incapacitated

a. Soldiers who qualify for medical care per chapter 2, are entitled to travel and transportation allowances for necessary travel incident to such care and return to his or her residence upon discharge from treatment per Joint Federal Travel Regulations.

b. When a soldier is hospitalized, the MEDDAC commander will issue appropriate travel orders for inpatient care.

c. MUSARC, State headquarters, or CG, ARPERCEN is responsible for travel involving outpatient care.

4-11. Incapacitation payments

a. Management of incapacitation payments to soldiers of the RC will be accomplished as follows:

(1) CG, FORSCOM—USAR troop program unit (TPU) soldiers in CONUS, Puerto Rico, and Alaska.

(2) CG, ARPERCEN—USAR IRR and IMA soldiers.

(3) Commander in Chief, U.S. Army Europe—USAR TPU soldiers in Europe.

(4) Commander, WESTCOM—USAR TPU soldiers in Hawaii, Guam, American Samoa, and Saipan.

(5) Chief, National Guard Bureau—soldiers of the Army National Guard of the United States.

b. Unit commanders and CG, ARPERCEN will—

(1) Promptly process all claims for incapacitation pay.

(2) Closely monitor each case to ensure payments are terminated when no longer authorized.

(3) Ensure no duplicate payment requests are submitted for payment.

(4) Promptly report soldier's address changes in writing, to supporting FAO.

(5) Advise soldiers of their compensation and entitlements for ILT injury, illness, or disease.

(6) Open and maintain a file on any incapacitation case likely to result in a claim against the Government.

(7) Properly document all unexcused absences.

(8) Promptly refer patients to MEB or PEB when required.

4-12. Incapacitation resulting from participation in airborne training or operations

To qualify for incapacitation pay for injury, illness, or disease incurred or aggravated in airborne training or operations, soldiers must meet the criteria outlined in paragraph 2-11.

4-13. Incapacitation pay for military technicians

Military technicians may qualify for payment of incapacitation pay, provided otherwise qualified. (See para 2-12 for additional criteria.)

4-14. Soldiers excused from training due to unsatisfactory participation

a. Special attention will be paid to the duty or travel status of soldiers released from inactive duty training for unsatisfactory participation.

b. Unit commanders will ensure that a "U" is entered on DA Form 1379 for period(s) of unsatisfactory participation. USAR commanders will refer to AR 135-91 concerning unsatisfactory participation and to AR 140-185 regarding completion of DA Form 1379.

4-15. Injury, illness or disease during athletics

Soldiers who are injured or incur or aggravate an illness or disease while participating in athletic events, physical fitness training, or cardiovascular screening may be entitled to incapacitation pay commensurate with their status. (See paras 2-4, 2-6, 2-7, and 2-15.)

4-16. Serious injury, illness or disease

Soldiers who are seriously injured or incur or aggravate an illness or disease ILT should be referred to a MEB for evaluation. A MEB will be convened to document a soldier's medical status and duty limitation insofar as duty is affected by his or her medical status. AR 40-3 and AR 635-40 provide details for MEB processing. (See para 2-16 for further details.)

4-17. Death

a. Chapter 6 provides policy and procedures to follow in the event of death.

b. Soldiers who are fatally injured or become terminally ill from an illness or disease during training and die following that duty may qualify for incapacitation pay for the period prior to death provided they meet the criteria established for such payments.

c. Unit commanders or CG, ARPERCEN will forward all such cases as cited in *b* above to the appropriate headquarters for consideration. (For example, a soldier is seriously injured during AT.) The AT tour ended on 15 August and he or she died on 30 August. A LD investigation found the injury was ILT. The case will be forwarded to the appropriate incapacitation review board for consideration. If found otherwise qualified for incapacitation pay before death, the soldier's survivors or estate would be paid 15 days pay and allowances for the period of disability, 16-30 August.

4-18. Payment of incapacitation pay to Army National Guard personnel

NGB Pamphlet 37-5 provides additional guidance concerning incapacitation pay for Army National Guard personnel.

4-19. Effect on separation payments

Since receipt of incapacitation pay does not confer AD status on a soldier, time during which this pay is received may not be used to complete the 5-year period of continuous AD required by law for members to qualify for separation or readjustment.

4-20. Recoupment

The appropriate headquarters will initiate action, utilizing DD Form 139 (Pay Adjustment Authorizations), to recoup any overpayments, duplicate, or improper payments to soldiers receiving incapacitation pay.

4-21. ILT injury, illness or disease while serving on AD tours in excess of 30 days

a. RC soldiers, including those serving in the AGR Program, who incur or aggravate an injury, illness, or disease ILT while serving on AD pursuant to orders in excess of 30 days or while traveling directly to or from such duty may request either—

(1) To remain on AD by extending their orders beyond the current expiration date. (See chap 7 for the required affidavits.)

(2) To be released from AD and continue to receive AD pay and

allowances provided that they are declared incapable of performing their "normal military duties" by military medical authority.

b. All such requests must be approved by the appropriate headquarters per chapter 5.

(Letterhead)

OFFICE SYMBOL

Date

MEMORANDUM THRU:

COMMANDER, 662D ENGINEER BN, AUSTIN, TX 78713-0001

COMMANDER, 449 ENGINEER BDE, FORT WORTH, TX 76180-0001

COMMANDER, 90TH ARCOM, SAN ANTONIO, TX 78209-6097

COMMANDER, 5TH U.S. ARMY, FT SAM HOUSTON, TX 78234-7000

FOR: HQDA (DAPE-MBB-C), WASH DC 20310-0300

SUBJECT: Request to Exceed 6-Month Statutory Limit on Receipt of Incapacitation Pay

1. Request an extension to receive incapacitation pay beyond the 6-month statutory limitation (37 USC 204(h)) for SP4 James D. Brown, 000-00-0000, a member of this unit.

2. The following additional information is provided:

a. Date of incident: 15 January 1987

b. Type of training and date(s): Annual Training 4-17 January 1987.

c. Description of injury: Soldier has two fractured neck vertebrae, broken left clavicle (3 places), six broken ribs, and a fractured pelvis.

d. Type LD/date/approving authority: Informal LD, 8 April 1987, CAC, Fort Polk, LA; finding of in line of duty as indicated on reverse side of DA Form 2173, enclosure 1.

e. Civilian employment/occupation/location: Generator Mechanic, Imperial Irrigation District, P.O. Box 1809, El Centro, CA 92244.

f. How injury prohibits employment: Soldier cannot stand for prolonged periods, and is not able to move around due to injuries.

g. History of incapacitation payments:

18-31 January 1987	\$1,018.59
1-28 February 1987	\$1,692.26
1-31 March 1987	\$1,742.63
1-30 April 1987	\$1,706.22
1-31 July 1987	\$1,742.63
1-30 September 1987	\$1,706.22

h. Background: SP4 Brown was severely injured as described above while performing annual training at Fort Polk, LA. He was thrown from earth moving equipment when a bridge collapsed causing his injuries. He continues to require medical treatment and his case has been reviewed by a MEB at Brooke Army Medical Center (BAMC), Fort Sam Houston, TX. Physical evaluation board liaison officer (PEBLO) at BAMC indicates SP4 Brown's case has been referred to the Army Physical Disability System for review and discharge or separation by virtue of physical disability. It is anticipated that a final decision will not be reached for approximately 120 days.

3. I have personally reviewed the circumstances surrounding this case and firmly believe that it is in the interest of fairness and equity for the Secretary of the Army to grant authorization to exceed the 6-month statutory limitation mandated by law. The severity and nature of the injuries incurred and the high probability that this soldier will be discharged or separated from the Army by virtue of physical disability merit favorable consideration.

Figure 4-1. Sample of commander's request to exceed 6-month incapacitation pay limit—Continued

1 Encl

DONALD Z. SMITH

CPT, EN, USAR

Commanding

CF:

Cdr, FORSCOM, ATTN: FCJI-MRO, Ft McPherson, GA 30330-6000

Figure 4-1. Sample of commander's request to exceed 6-month incapacitation pay limit

(Letterhead)

(Date)

1. Mr. John D. Brown, 000-00-0000, is an employee of this company. During the period 15 March 1988 until 30 March 1988, he was unable to work and lost \$1533.00 in gross compensation (wages, tips, and so forth) from this organization.

2. Mr. Brown is covered by an income protection plan, vacation or sick leave program. (If covered, indicate dollar amount.)

3. I understand that this letter is being used by the claimant as the basis of a claim against the United States. I further understand that knowingly and willfully assisting a claimant making a false claim or false statement in connection with a claim is a criminal offense under Federal and State laws which may subject the parties to a substantial fine and/or lengthy imprisonment.

(official signature)
William G. Jones
Certifying company/Government
official

Figure 4-2. Sample of employer's statement

Commander
444th Engineer Detachment
Waco, TX 76707-0001

1. I hereby certify that I incurred the following injury in line of duty, while participating in military training.
2. I further certify that as a result of the above described injury, I suffered a loss of \$1893.50 of nonmilitary income during the period 3 July 1990 to 12 July 1990.
3. My claim is substantiated by the enclosed letter(s) from my employer(s).
4. I am self-employed and in order to substantiate my claim of lost nonmilitary income for the period cited in paragraph 2 above, I have enclosed a copy of my latest IRS Form 1040 (Individual Income Tax Return), with supporting documentation including Schedule C.
5. In addition, I certify that I received \$539 from an income protection plan(*including sick leave or vacation*). If the soldier does not have sick leave, vacation or other income protection plan he or she must so state.)
6. I further certify that the information that I have provided regarding this claim is correct. I understand that the penalty for knowingly and willfully making a false claim or a false statement in connection with a claim is a criminal offense under Federal and State laws which may subject me to a substantial fine(*and*) (*or*) lengthy imprisonment.
7. I hereby waive my Veterans' Administration compensation. DA Form 3053 (Declaration of Retired Pay Benefits Received and Waivers) and VA Form 21-8951 (Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowance) are attached.
8. Privacy Act Statement is enclosed.

JOHN D. BROWN
SP4, USAR
000-00-0000

Figure 4-3. Sample format for soldier's claim

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 333)	
TITLE OF FORM <div style="border: 1px solid black; padding: 2px; display: inline-block;"> STATEMENT OF LOST INCOME </div>	PRESCRIBING DIRECTIVE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> DODPM </div>
1. AUTHORITY 37 U.S.C. 204 10 U.S.C. 3013	
2. PRINCIPAL PURPOSE(S) <p>To provide paying office with sufficient information to compute, approve, and pay an individual disability entitlements for the Reserve Forces (incapacitation Pay) for lost non-military income.</p>	
3. ROUTINE USES <p>Such information is routinely used to substantiate claims for reimbursement of lost non-military income by reserve component soldiers due to injury, illness, or disease incurred or aggravated in the line of duty while performing active or inactive duty training or while traveling directly to or from such duty in either a paid or unpaid status.</p>	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex: 1;"> SIGNATURE. <u>John E. Doe</u> </div> <div style="flex: 1; text-align: right;"> DATE: <u>1 July 1989</u> </div> </div>	
4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION <p>Voluntary. Individual cannot be paid or may be paid improperly if correct information is not furnished.</p>	

Figure 4-4. Statement of lost income

**Incapacitation Pay
Computation Worksheet for Loss of Nonmilitary Income**

ADMINISTRATIVE DATA

Name: Brown, John D. PEBD: 29 Feb 82 YOS: over 6
SSAN: 000-00-0000 Number of exemptions: M3
Grade: E4 State (tax code): TX
Period of claim: 1-31 Mar 88
(inclusive dates)

Marital status: M (DA Fm 3298 (Authorization to Start or Stop BAQ Credit) attached) Special and incentive pay (Orders attached)

COMPUTATION PROCEDURE (See note 1.)

1. Pay:

a. Base pay	222.30
b. Special pays	-0-
c. Incentive pays	-0-
d. BAQ	111.10
e. VHA	23.10
f. BAS	22.50
g. Total pay and allowances	379.00

2. Lost gross nonmilitary income 400.00 (from statement provided).

3. Amount of income protection -0- (from statement provided).

4. Line 2 minus line 3 \$400.00.

5. The lesser of line 4 and line 1g. is the amount of gross military pay due \$379.00.

6. Subtract all required deductions (Federal income tax, (FICA), State tax, and so forth) to arrive at the net pay due.

7. A soldier may not be paid more than the pay and allowances authorized for a member of a regular component of a uniformed service of corresponding grade and length of service during a given period of eligibility. If IDT pay is received during this period and full military pay and allowances are authorized, the amount of IDT pay earned must be deducted from the military pay and allowances.

Note:

1. If the amount of payment is less than full military pay and allowance, payment will be made in the sequence shown.

Figure 4-5. Sample format incapacitation pay computation worksheet

NO ERASURES PERMITTED, ERRONEOUS ENTRIES TO BE LINED OUT AND CORRECT ENTRIES INSERTED.

For use of this form, see AR 37-104-3;
the proponent agency is USAFAC.

1. LAST NAME - FIRST NAME - MI			MILITARY PAY VOUCHER			52. CLASS B AGENT YOU NO.		53. VOUCHER NUMBER		
DOE, JOHN M. 000-00-0000			2. <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REGULAR <input type="checkbox"/> CASUAL <input type="checkbox"/> FINAL-SEP <input type="checkbox"/> ADVANCE <input type="checkbox"/> AT/ADT <input type="checkbox"/> BONUS <input type="checkbox"/>			8. FICA WAGES 912.60		54. PAID BY DSSN 5008 FT RILEY KS 66442-5006 SEPTEMBER 1989		
SOCIAL SECURITY NO.			SSDC			9. TAXABLE INCOME 912.60				
3. DATE EAD OR ENLISTED 870607		4. TERMS OF ENL. (Months)		5. NO. OF TAX EXEMPTIONS M-1		6. PAY PERIOD 1-31AUG89		7. VOUCHER NO.		
10. ORGANIZATION AND ADDRESS (Include ZIP Code) HQ, 3rd CAV FT RILEY, KS 66442			ENTITLEMENTS		CODE	AMOUNT				
11. REMARKS DUE SOLDIER INCAPACITATION PAY FOR INJURY. SUSTAINED: 890701 WHILE ATTENDING AT DAYS: 14 DA FORM 3298 RECERT. 890607 LOD AND MEDICAL STATEMENTS ARE ATTACHED THIS VOUCHER. EARNED MIL. WAGE: \$1415.84 LOST CIVILIAN WAGE: \$1560.00 FOR PERIOD: 1-31 Aug 89 MAIL CHECK: Route 1, Box 683 Port Republic, VA 24471			12. <input type="checkbox"/> AMOUNT UNPAID LAST ACCOUNT		90	XX				
			13. <input checked="" type="checkbox"/> BASIC PAY GRADE		14. YRS.	51	912.60			
			15. <input type="checkbox"/> BASIC PAY GRADE		16. YRS.	51				
			17. <input type="checkbox"/>							
			18. <input type="checkbox"/> FOREIGN DUTY PAY			64				
			19. <input type="checkbox"/> INCENTIVE/SPECIAL PAY							
			20. <input type="checkbox"/> UNIF & CLO MON ALLOW			60				
			21. <input type="checkbox"/> SUB ALLOWANCE OFF			53				
			22. <input checked="" type="checkbox"/> QUARTERS ALLOWANCE			89	303.60			
			23. <input checked="" type="checkbox"/> SUB ALLOWANCE-EM				199.64			
24. <input type="checkbox"/> PROFICIENCY PAY			60							
25. <input type="checkbox"/> VARIABLE HOUSING ALLOW			66							
26. TOTAL ENTITLEMENTS		951	1415.84							
42. TOTAL COLLECTIONS		902	215.84							
43. AMOUNT DUE		903	1200.00							
44. AMOUNT PAID		28	1200.00							
45. AMOUNT UNPAID CARRIED FORWARD		27	X XX							
51. SIGNATURE OF PAYEE (Or Check No)										
46. TO DISBURSING OFFICER: Request payment of above account which I certify is true and just, and correctly reflects all pertinent financial data concerning the service member. Applicable statements on reverse made a part hereof.			38. STATE TAX WITHHELD			25				
47. SIGNATURE OF CERTIFYING OFFICER			39. FICA TAX WITHHELD		29	100.00				
48. TYPED NAME OF CERTIFYING OFFICER			40. INCOME TAX WITHHELD		21	115.84				
49. DATE			41. TOTAL COLLECTIONS		902	215.84				
50. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED										

DA FORM 2139
OCT 85

Form Approved by Comptroller
General, U.S., 10 Jul 1958

USAFAC 1

Figure 4-6. Sample of a completed DA Form 2139

Chapter 5 Incapacitation Review Board

5-1. General

Designated USAR command and control headquarters, each State headquarters of the Army National Guard, and CG, ARPERCEN may establish an Incapacitation Review Board (hereinafter referred to as "the board").

5-2. Board purpose

The purpose of the board is to—

- a. Protect the soldier's rights by ensuring that medical benefits and incapacitation pay are provided to soldiers eligible to receive such benefits under law and as prescribed by DOD and Army regulations.
- b. Protect the interests of the Government through controlling costs and eliminating waste, fraud, and abuse by soldiers receiving unauthorized medical care and improper incapacitation payments.
- c. Review each incapacitation pay case monthly and recommend that benefits be continued or terminated consistent with entitlement under governing law and regulation.
- d. Report directly to the CG on the status of the incapacitation of RC personnel actions in their command. Make recommendations to enhance the incapacitation system.
- e. Provide uniformity and consistency in the administration of incapacitation pay worldwide.
- f. Ensure continuity and unanimity of effort among medical personnel, FAOs, commanders, installations, USAPDA, and soldiers.
- g. Investigate and take appropriate action on requests from soldiers who believe they have been improperly denied health care.
- h. Make determinations concerning a soldier's loss of nonmilitary compensation.

5-3. Membership

Each board may consist of a minimum of five voting members and other advisory personnel as follows:

- a. A commissioned officer in the grade of colonel (06) to serve as president (may not be an officer of the Army Medical Corps or Judge Advocate General's Corps).
- b. A commissioned officer of the Army Medical Corps in the grade of lieutenant colonel (05) or colonel (06).
- c. A commissioned officer of the Judge Advocate General's Corps to serve as legal advisor (nonvoting member).
- d. A personnel officer in the grade of second lieutenant or above.
- e. Two additional members in the grade of lieutenant colonel (05) or above (should not be senior to board president).
- f. A noncommissioned officer will be substituted for a member in e above in instances where an enlisted soldier's case is being considered.
- g. A recorder (nonvoting member).

5-4. Frequency

Incapacitation Review Boards are required to meet a minimum of once a month as long as a case is open and remains unresolved.

5-5. Documents to be considered by the board

- a. The following documents will be considered by the board in every case:
 - (1) Line of duty investigation report DD Form 261 or DA Form 2173 (figs 5-1 and 5-2), together with final determination (fig 5-3).
 - (2) Medical evaluation.
 - (3) Medical records (including DA Form 3349, (Physical Profile)) (fig 5-4).
 - (4) Memorandum authorizing medical treatment (fig 5-5). The sample at figure 5-5 shows "injury" as a type of incapacitation. You may substitute "illness" or "injury as may be the case."
 - (5) Commander's statement (fig 5-6).
 - (6) Documentation to support loss of nonmilitary compensation (chap 4), if applicable.
 - (7) Statements and documentation submitted by soldier.
 - (8) U.S. Army Accident Investigation Report (fig 5-7).

b. The following documents may be considered by the board as appropriate:

- (1) Training schedule.
- (2) DA Form 1380 (fig 5-8).
- (3) DA Form 5350 (fig 5-9).
- (4) AT, TTAD, AD, ADT, IADT, ADSW or FTDD orders and all amendments thereto pertaining to the case being reviewed.
- (5) Record of incapacitation payments.
- (6) Entitlement verification memorandum (used as a guide in determining initial entitlement). (A sample is located at fig 5-10.)
- (7) In completing the memorandum for record at figure 5-10, ensure that the following information is included in the appropriate blocks:
 - (a) *Item 1.* Indicate "IDT" or "AD" for 30 days or less (including AT) or AD for more than 30 days (including AGR). Show if travel is "to" or "from" place of duty.
 - (b) *Item 2.* Indicate injury, disease, or illness.
 - (c) *Item 3.* Indicate if incapacitation was service aggravated by listing "yes" or "no."
 - (d) *Item 4.* Indicate "yes" or "no" to final line of duty determination.
 - (e) *Item 5.* List of incapacitation was injury or disease and if it occurred before 15 November 1986 or after 15 November 1986.
 - (f) *Item 6.* Check "yes" or "no" if soldier is entitled to health care at Government expense.
 - (g) *Item 7.* List if soldier is entitled to incapacitation pay by a "yes" or "no."
 - (h) *Item 8.* Indicate by a "yes" or a "no" if extension orders are authorized.
 - (i) *Item 9.* Indicate if soldier is eligible for disability retirement or separation.

5-6. Board files

Boards will establish and maintain a file on each incapacitation case reviewed and will retain this file for a minimum period of 1 year after entitlement terminates. In addition to the documents listed in paragraph 5-5, a written report of the board's minutes will be maintained in this file, together with any correspondence pertaining to the case. Files will be retired rather than destroyed per AR 25-400-2. When the board is the determining authority for authorization, continuation or denial of incapacitation pay, formats shown at figures 5-11, 5-12 and 5-13 will be used to advise FAO of status. In completing figure 5-11, ensure that the necessary information as indicated in paragraph 2 is completed accurately. In paragraph 3, specify if the incapacitation was a "illness, injury" or "disease" and if it was "incurred" or "aggravated." Indicate if the incapacitation was while performing or traveling "to" or "from" one of the following: AD, ADT, TTAD, AT, ADSW, or IDT. Indicate if an AD or IDT Order is attached. Also, indicate if the DA Form 5350 or DA Form 1380 is attached. In paragraph 4, list whether the DA Form 2173 or DD Form 261 was initiated by the CAC or State headquarters. In completing figure 5-13, ensure that paragraph contains one of the following: health care, incapacitation pay, or disability benefits.

5-7. Pay documents to be submitted to the board

The following documents will be submitted to the board on behalf of the soldier by the unit commander:

- a. DA Form 2139.
- b. DA Form 3298 (if applicable).

5-8. Submission of documents to the board

Commanders will submit documentation specified in paragraph 5-5 directly to the board. Information copies may be provided intermediate headquarters. This direct submission requirement will not be modified by command and control headquarters.

5-9. Loss of nonmilitary compensation

The board must carefully review the facts and supporting documentation provided by the soldier that satisfactorily demonstrate the loss of nonmilitary compensation. Details are contained in chapter 4.

5-10. Statements from civilian physicians, surgeons, and other health care providers

Statements submitted by soldiers or commanders from civilian health care providers concerning a case are acceptable and often useful. However, all cases require review by military medical personnel. With regard to a soldier's inability to perform his or her normal military duties, the opinion of military medical personnel will govern.

5-11. Reporting board results

The board will provide a report each month in writing directly to the CG, advising on the status of the incapacitation cases within the command.

5-12. Limits on payment of incapacitation pay

a. The board will review all requests for extension of incapacitation pay beyond the 6-month limit before the request is forwarded to HQDA.

b. Normally, after a soldier has received incapacitation pay for a period of 4 months, the board should direct an evaluation (unless already accomplished), by an Army MTF, of the soldier's potential for further military service.

c. The board will direct termination of incapacitation pay when review of a case leads to a determination that incapacitation pay is not authorized.

5-13. Establishment of boards for USAR unit soldiers

The following commands may convene an Incapacitation Review Board for USAR TPU soldiers in their respective areas of geographical responsibility. This authority will not be further delegated.

- a.* Each CONUSA commander.
- b.* Commander in Chief, U.S. Army Europe.
- c.* CG, WESTCOM.
- d.* CG, 6th Infantry Division (cases arising in Alaska).

5-14. Establishment of boards for the IRR

The CG, ARPERCEN will establish an Incapacitation Review Board to review all IRR cases.

5-15. Establishment of ARNG boards

Each State headquarters of the ARNG will establish an Incapacitation Review Board.

5-16. Appeals

a. Appeals of Incapacitation Review Board decisions will be forwarded as follows:

(1) Commander, FORSCOM, ATTN: FCJI-MR, Fort McPherson, GA 30330 (for CONUSAs and 6th Infantry Division boards).

(2) HQDA (DAPE-MBB-C) WASH DC 20310 for WESTCOM and USAREUR boards.

(3) HQDA (DAAR-PE) WASH DC 20310 for ARPERCEN boards.

(4) Chief, NGB, ATTN: NGB-ARC-P, WASH DC 20310 for all ARNG boards.

(5) Questionable cases or cases requiring policy guidance should be referred through command channels to HQDA (DAPE-MBB-C) WASH DC 20310 for review and policy guidance.

b. Appeals may be made by a soldier or his or her legal representative if one has been appointed.

5-17. Mandatory review of cases

Commanders authorized to establish boards (paras 5-13 thru 5-15) will forward incapacitation pay cases for mandatory review as follows:

a. Annual review. After a soldier has received incapacitation pay for 1 year (where authorized by law), review will be made by the following:

(1) Headquarters FORSCOM—CONUSA and 6th Infantry Division cases.

(2) HQDA (DAPE-MBB-C)—USAREUR and WESTCOM cases.

(3) HQDA (DAAR-PE)—ARPERCEN (IRR & IMA) cases.

(4) NGB (NGB-ARC-P)—Army National Guard cases.

b. Subsequent review. Any case in which a soldier receives incapacitation pay for 2 years or more will be reviewed by HQDA (DAPE-MBB-C).

c. CONUSA, NGB, or ARPERCEN will forward the documents listed in paragraph 5-5, together with a brief summary of action taken in the case, and reason(s) for the extended period of payments.

d. All incapacitation pay cases involving general officer (regardless of duration) will be reviewed by OCAR or NGB as appropriate.

5-18. Line of duty investigations

Incapacitation review boards may request that a formal LD investigation be conducted if deemed necessary. Such requests will be made under AR 600-8-1. If an incapacitation review board disagrees with the approved findings of an LD investigation, the LD investigation and all pertinent additional information will be forwarded for review to HQDA (TAPC-PED-S) for determination. In death cases, a LD investigation will be conducted, but no findings will be made (para 6-3). In such cases, the Incapacitation Review Board will make a determination based on the LD investigation, as necessary to determine entitlement to incapacitation pay prior to death.

REPORT OF INVESTIGATION LINE OF DUTY AND MISCONDUCT STATUS (AR 600-10 or AFR 35-57)						DATE 1 August 1989	
1. INVESTIGATION OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> DEATH						3. STATUS	
2. TO: (Major Army or Air Force Commander) CHIEF, NATIONAL GUARD BUREAU						4. <input type="checkbox"/> REGULAR OR EAD	
4. LAST NAME - FIRST NAME - MIDDLE INITIAL DOE, JANE N.						5. SERVICE NO./SSAN 000-00-0000	
						6. GRADE SGT	
7. ORGANIZATION AND STATION OF INDIVIDUAL 52nd AG CO, TOLEDO, OHIO						6. CALLED OR ORDERED TO AD FOR (1) <input type="checkbox"/> MORE THAN 30 DAYS (2) <input checked="" type="checkbox"/> 30 DAYS OR LESS	
8. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT (Last Name - First Name - Middle Initial)						7. <input type="checkbox"/> INACTIVE DUTY TRAINING (Type)	
						8. <input type="checkbox"/> SHORT TOUR OF ACTIVE DUTY FOR TRAINING	
9. BASIS FOR FINDINGS (As determined by investigation)						DURATION (Applies ONLY to 3c and 3d)	
						DATE HOUR	
10. CIRCUMSTANCES (1) HOUR 0830 (2) DATE 13 Jul 89 (3) PLACE TOLEDO, OHIO						START 13Jul89 0700	
(4) HOW SUSTAINED AUTOMOBILE ACCIDENT						FINISH 25Jul89 1730	
5. MEDICAL DIAGNOSIS INJURY TO FACE, NECK AND HEAD							
c. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT PRESENT FOR DUTY						(Do not complete e and f in death cases)	
d. ASSENT <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT AUTHORITY						e. INTENTIONAL MISCONDUCT OR NEGLECT <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT THE PROXIMATE CAUSE	
						f. <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND	
6. REMARKS ON 13 JULY 1989, AT APPROXIMATELY 0830 HOURS, SGT DOE WAS INVOLVED IN AN AUTOMOBILE ACCIDENT WITHIN THE CITY OF TOLEDO, OHIO. THE VEHICLE SGT DOE WAS DRIVING WAS STRUCK BROADSIDE BY A CIVILIAN PICKUP TRUCK WHICH FAILED TO STOP FOR A RED TRAFFIC SIGNAL. SOLDIER WAS ON ADVANCE PARTY FOR THE 52nd AG CO AND HAD JUST DEPARTED THE UNIT ARMORY. SOLDIER WAS TRANSPORTED TO SIERRA VISTA HOSPITAL WHERE SURGERY WAS PERFORMED.							
10. FINDINGS (Do not complete in death cases) <input checked="" type="checkbox"/> IN LINE OF DUTY <input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT <input type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT						ORGANIZATION AND STATION OF INVESTIGATING OFFICER CoC 1/184 INF, TOLEDO OHIO	
						SIGNATURE AND TYPED NAME OF INVESTIGATING OFFICER <i>J J Jackson</i> J J JACKSON	
						GRADE CPT	BRANCH IN
ACTION BY APPOINTING AUTHORITY						ACTION BY REVIEWING AUTHORITY	
HEADQUARTERS 1/184 INF BN						HEADQUARTERS OFFICE OF TAG	
DATE 1 SEP 89						DATE 5 SEP 89	
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reasons and substituted findings are on reverse)						<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (Reasons and substituted findings are on reverse)	
SIGNATURE AND TYPED NAME <i>David W. Smith</i> DAVID W. SMITH						SIGNATURE AND TYPED NAME <i>William A. Crown</i> WILLIAM A. CROWN	
GRADE LTC	BRANCH IN	SERVICE NO./SSAN 363-94-0415	GRADE MG	BRANCH OHARNG	SERVICE NO./SSAN 307-79-6127		
FOR ACTION OF OFFICE INDICATED IN ITEM 2 Chief, National Guard Bureau, Wash., DC 20310-2500 Approved. IN LINE OF DUTY By authority of the Secretary of the Army, AR 600-8-1 18 September 1989 <i>Curtis M. Kelley</i> CURTIS M. KELLEY, COL, NGB Commander, Army National Guard PersonnelCtr							

DD FORM 261
1 OCT 88

REPLACES EDITION OF 1 AUG 88, EXISTING SUPPLIES
OF WHICH WILL BE USED UNTIL EXHAUSTED.

Figure 5-1. Sample format for report of investigation

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS <small>For use of this form, see AR 600-33; the proponent agency is The Adjutant General's Office.</small>					
THRU: (Include ZIP Code) <div style="text-align: center;">CHANNELS</div>		TO: (Include ZIP Code) STATE OF CALIFORNIA OFFICE OF THE ADJ. GEN. BOX 214405 SACRAMENTO, CA 95821		FROM: (Include ZIP Code) CDR, HHC 52nd INF DIV(M) LOS ALAMITOS RESERVE CTR LOS ALAMITOS CA 90740	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) DOE, JAMES M.			2. SSN 000-00-0000		3. GRADE PV2
4. ORGANIZATION AND STATION HHC 52nd INF DIV (M) LOS ALAMITOS, CA			5. ACCIDENT INFORMATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. DATE 5 Jul 89 </div> <div style="width: 50%;"> b. PLACE (City and State) CAMP ROBERTS, CA </div> </div>		
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR					
6. INDIVIDUAL WAS <input checked="" type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL		7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY CAMP ROBERTS - TROOP MEDICAL CLINIC			
8. HOUR AND DATE ADMITTED 1500 hrs 5 Jul 89			9. HOUR AND DATE EXAMINED 1530 hrs 5 Jul 89		
10. NATURE AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain) BROKEN RIGHT WRIST					
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION: WHILE PERFORMING TRAINING (FIELD ARTILLERY HASTY DISPLACEMENT), SOLDIER FELL FROM M577 (COMMAND CARRIER), BREAKING RIGHT WRIST.					
12. THE FOLLOWING DISABILITY MAY RESULT <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL			13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. NO. OF MG ALCOHOL/100 ML BLOOD N/A
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) AT ABOUT 1445 HRS, 5 JUL 89, SM WAS ASSISTING IN FIELD ARTILLERY HASTY DISPLACEMENT, FIRING POINT 20, CP ROBERTS, CA. WHILE LOADING M577 HE FELL, BREAKING RIGHT WRIST.					
16. DATE 5 Jul 89		17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR JOHN Q. SMITH, MAJ, MC		18. SIGNATURE 	
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER					
19. DUTY STATUS <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE			20. HOUR AND DATE OF ABSENCE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. FROM N/A </div> <div style="width: 50%;"> b. TO N/A </div> </div>		
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A					
22. INDIVIDUAL WAS ON AT 32 USC 503 <input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING			23. HOUR AND DATE TRAINING <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. BEGAN 0700 hrs 1 Jul 89 </div> <div style="width: 50%;"> b. ENDED 1730 hrs 15 Jul 89 </div> </div>		
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING N/A					
25. MODE OF TRANSPORTATION		26. HOUR BEGINNING TRAVEL		27. DISTANCE INVOLVED	
28. NORMAL TIME FOR TRAVEL					
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY					
30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach Inclosures as necessary) SM WAS LOADING M577 COMMAND CARRIER FOR HASTY DISPLACEMENT FROM FIRING POINT 20, CP ROBERTS, CA. DURING THE LOADING, PV2 DOE SLIPPED AND FELL FROM THE TOP OF THE M577, LANDING ON HIS RIGHT SIDE AND WRIST. SM WAS EVACUATED TO THE CP ROBERTS TMC, WHERE IT WAS DETERMINED THAT HIS RIGHT WRIST WAS BROKEN.					
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
33. DATE 5 July 1989		34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER CURTIS M KELLEY, CPT, FA		35. SIGNATURE 	

DA FORM 2173
OCT 72

REPLACES DA FORM 2173, 1 JUNE 86, WHICH IS OBSOLETE.

GPO: 1985-491-003/43165

Figure 5-2. Sample format for statement of medical examination and duty status

AFZZ-QQQ (17 Jan 87)

Brown, John D., SP4,000-00-0000

HQ, FORT SWAMPY, Fort Swampy, TN 19 Jan 87

Reviewed for completeness. In line of duty.

BY ORDER OF THE SECRETARY OF THE ARMY(AR 600-8-1):

LESTER B. JONES
LTC, AG
Adjutant General

Figure 5-3. Sample line of duty approval endorsement

PHYSICAL PROFILE <small>For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General</small>																																				
1. MEDICAL CONDITION <div style="text-align: center; font-weight: bold; margin-top: 10px;">LOW BACK PAIN</div>					2. <table border="1" style="width: 100%; text-align: center; font-weight: bold;"> <tr> <td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td> </tr> <tr> <td>1</td><td>1</td><td>3</td><td>1</td><td>1</td><td>1</td> </tr> </table>		P	U	L	H	E	S	1	1	3	1	1	1																		
P	U	L	H	E	S																															
1	1	3	1	1	1																															
3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS <div style="text-align: center; font-weight: bold; margin-top: 10px;">NO RUNNING, NO HEAVY LIFTING, NO PROLONGED STANDING</div>					CODES																															
4. THIS PROFILE IS <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY EXPIRATION DATE: <u>1 Oct 89</u>																																				
5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES <table style="width: 100%; font-size: small;"> <tr> <td><input checked="" type="checkbox"/> Groin Stretch</td> <td><input checked="" type="checkbox"/> Thigh Stretch</td> <td><input type="checkbox"/> Lower Back Stretch</td> <td><input checked="" type="checkbox"/> Neck & Shoulder Stretch</td> <td><input checked="" type="checkbox"/> Neck Stretch</td> </tr> <tr> <td><input type="checkbox"/> Hip Raise</td> <td><input checked="" type="checkbox"/> Quads Stretch & Bal.</td> <td><input checked="" type="checkbox"/> Single Knee to Chest</td> <td><input checked="" type="checkbox"/> Upper Back Stretch</td> <td><input checked="" type="checkbox"/> Ankle Stretch</td> </tr> <tr> <td><input type="checkbox"/> Knee Bender</td> <td><input checked="" type="checkbox"/> Calf Stretch</td> <td><input checked="" type="checkbox"/> Straight Leg Raise</td> <td><input checked="" type="checkbox"/> Chest Stretch</td> <td><input checked="" type="checkbox"/> Hip Stretch</td> </tr> <tr> <td><input type="checkbox"/> Side-Straddle Hop</td> <td><input checked="" type="checkbox"/> Long Sit</td> <td><input type="checkbox"/> Elongation Stretch</td> <td><input checked="" type="checkbox"/> One-Arm Side Stretch</td> <td><input type="checkbox"/> Upper Body Wt Tng</td> </tr> <tr> <td><input type="checkbox"/> High Jumper</td> <td><input checked="" type="checkbox"/> Hamstring Stretch</td> <td><input type="checkbox"/> Turn and Bounce</td> <td><input checked="" type="checkbox"/> Two-Arm Side Stretch</td> <td><input type="checkbox"/> Lower Body Wt Tng</td> </tr> <tr> <td><input type="checkbox"/> Jogging in Place</td> <td><input checked="" type="checkbox"/> Hams. & Calf Stretch</td> <td><input type="checkbox"/> Turn and Bend</td> <td><input type="checkbox"/> Side Bender</td> <td><input type="checkbox"/> All</td> </tr> </table>							<input checked="" type="checkbox"/> Groin Stretch	<input checked="" type="checkbox"/> Thigh Stretch	<input type="checkbox"/> Lower Back Stretch	<input checked="" type="checkbox"/> Neck & Shoulder Stretch	<input checked="" type="checkbox"/> Neck Stretch	<input type="checkbox"/> Hip Raise	<input checked="" type="checkbox"/> Quads Stretch & Bal.	<input checked="" type="checkbox"/> Single Knee to Chest	<input checked="" type="checkbox"/> Upper Back Stretch	<input checked="" type="checkbox"/> Ankle Stretch	<input type="checkbox"/> Knee Bender	<input checked="" type="checkbox"/> Calf Stretch	<input checked="" type="checkbox"/> Straight Leg Raise	<input checked="" type="checkbox"/> Chest Stretch	<input checked="" type="checkbox"/> Hip Stretch	<input type="checkbox"/> Side-Straddle Hop	<input checked="" type="checkbox"/> Long Sit	<input type="checkbox"/> Elongation Stretch	<input checked="" type="checkbox"/> One-Arm Side Stretch	<input type="checkbox"/> Upper Body Wt Tng	<input type="checkbox"/> High Jumper	<input checked="" type="checkbox"/> Hamstring Stretch	<input type="checkbox"/> Turn and Bounce	<input checked="" type="checkbox"/> Two-Arm Side Stretch	<input type="checkbox"/> Lower Body Wt Tng	<input type="checkbox"/> Jogging in Place	<input checked="" type="checkbox"/> Hams. & Calf Stretch	<input type="checkbox"/> Turn and Bend	<input type="checkbox"/> Side Bender	<input type="checkbox"/> All
<input checked="" type="checkbox"/> Groin Stretch	<input checked="" type="checkbox"/> Thigh Stretch	<input type="checkbox"/> Lower Back Stretch	<input checked="" type="checkbox"/> Neck & Shoulder Stretch	<input checked="" type="checkbox"/> Neck Stretch																																
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<input type="checkbox"/> High Jumper	<input checked="" type="checkbox"/> Hamstring Stretch	<input type="checkbox"/> Turn and Bounce	<input checked="" type="checkbox"/> Two-Arm Side Stretch	<input type="checkbox"/> Lower Body Wt Tng																																
<input type="checkbox"/> Jogging in Place	<input checked="" type="checkbox"/> Hams. & Calf Stretch	<input type="checkbox"/> Turn and Bend	<input type="checkbox"/> Side Bender	<input type="checkbox"/> All																																
6. AEROBIC CONDITIONING EXERCISES <table style="width: 100%; font-size: small;"> <tr> <td><input checked="" type="checkbox"/> Walk at Own Pace and Distance</td> <td><input type="checkbox"/> Unlimited Walking</td> </tr> <tr> <td><input type="checkbox"/> Run at Own Pace and Distance</td> <td><input type="checkbox"/> Unlimited Running</td> </tr> <tr> <td><input type="checkbox"/> Bicycle at Own Pace and Distance</td> <td><input type="checkbox"/> Unlimited Bicycling</td> </tr> <tr> <td><input type="checkbox"/> Swim at Own Pace and Distance</td> <td><input checked="" type="checkbox"/> Unlimited Swimming</td> </tr> <tr> <td><input type="checkbox"/> Walk or Run in Pool at Own Pace</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Run at Training Heart Rate for ____ Min.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bicycle at Training Heart Rate for ____ Min.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Swim at Training Heart Rate for ____ Min.</td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> Walk at Own Pace and Distance	<input type="checkbox"/> Unlimited Walking	<input type="checkbox"/> Run at Own Pace and Distance	<input type="checkbox"/> Unlimited Running	<input type="checkbox"/> Bicycle at Own Pace and Distance	<input type="checkbox"/> Unlimited Bicycling	<input type="checkbox"/> Swim at Own Pace and Distance	<input checked="" type="checkbox"/> Unlimited Swimming	<input type="checkbox"/> Walk or Run in Pool at Own Pace		<input type="checkbox"/> Run at Training Heart Rate for ____ Min.		<input type="checkbox"/> Bicycle at Training Heart Rate for ____ Min.		<input type="checkbox"/> Swim at Training Heart Rate for ____ Min.		7. FUNCTIONAL ACTIVITIES <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Wear Backpack (40 Lbs.)</td> <td><input type="checkbox"/> With Hearing Protection</td> </tr> <tr> <td><input type="checkbox"/> Wear Helmet</td> <td><input type="checkbox"/> KP/Mopping/Mowing Grass</td> </tr> <tr> <td><input type="checkbox"/> Carry Rifle</td> <td><input type="checkbox"/> Marching Up to ____ Miles</td> </tr> <tr> <td><input type="checkbox"/> Fire Rifle</td> <td><input checked="" type="checkbox"/> Lift Up to <u>200</u> Pounds</td> </tr> <tr> <td></td> <td><input type="checkbox"/> All</td> </tr> </table>		<input type="checkbox"/> Wear Backpack (40 Lbs.)	<input type="checkbox"/> With Hearing Protection	<input type="checkbox"/> Wear Helmet	<input type="checkbox"/> KP/Mopping/Mowing Grass	<input type="checkbox"/> Carry Rifle	<input type="checkbox"/> Marching Up to ____ Miles	<input type="checkbox"/> Fire Rifle	<input checked="" type="checkbox"/> Lift Up to <u>200</u> Pounds		<input type="checkbox"/> All	8. TRAINING HEART RATE FORMULA <div style="text-align: center; font-weight: bold; margin-top: 10px;"> MALES 220 FEMALES 225 </div> <div style="text-align: center; margin-top: 10px;"> MINUS (-) AGE MINUS (-) RESTING HEART RATE TIMES (x) % INTENSITY PLUS (+) RESTING HEART RATE </div> <hr style="width: 50%; margin: 10px auto;"/> <div style="text-align: center; font-size: x-small;"> 50% EXTREMELY POOR CONDITION 60% HEALTHY, SEDENTARY INDIVIDUAL 70% MODERATELY ACTIVE, MAINTENANCE 80% WELL TRAINED INDIVIDUAL </div>					
<input checked="" type="checkbox"/> Walk at Own Pace and Distance	<input type="checkbox"/> Unlimited Walking																																			
<input type="checkbox"/> Run at Own Pace and Distance	<input type="checkbox"/> Unlimited Running																																			
<input type="checkbox"/> Bicycle at Own Pace and Distance	<input type="checkbox"/> Unlimited Bicycling																																			
<input type="checkbox"/> Swim at Own Pace and Distance	<input checked="" type="checkbox"/> Unlimited Swimming																																			
<input type="checkbox"/> Walk or Run in Pool at Own Pace																																				
<input type="checkbox"/> Run at Training Heart Rate for ____ Min.																																				
<input type="checkbox"/> Bicycle at Training Heart Rate for ____ Min.																																				
<input type="checkbox"/> Swim at Training Heart Rate for ____ Min.																																				
<input type="checkbox"/> Wear Backpack (40 Lbs.)	<input type="checkbox"/> With Hearing Protection																																			
<input type="checkbox"/> Wear Helmet	<input type="checkbox"/> KP/Mopping/Mowing Grass																																			
<input type="checkbox"/> Carry Rifle	<input type="checkbox"/> Marching Up to ____ Miles																																			
<input type="checkbox"/> Fire Rifle	<input checked="" type="checkbox"/> Lift Up to <u>200</u> Pounds																																			
	<input type="checkbox"/> All																																			
9. OTHER																																				
TYPED NAME AND GRADE OF PROFILING OFFICER <div style="text-align: center; font-weight: bold; margin-top: 10px;">C. M. KELLEY, CPT, MC</div>			SIGNATURE <div style="text-align: center; font-family: cursive; font-size: 1.2em; margin-top: 10px;">C. M. Kelley</div>		DATE <div style="text-align: center; font-weight: bold; margin-top: 10px;">1 Jul 89</div>																															
TYPED NAME AND GRADE OF PROFILING OFFICER			SIGNATURE		DATE																															
ACTION BY APPROVING AUTHORITY																																				
PERMANENT CHANGE OF PROFILE <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED																																				
TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY			SIGNATURE		DATE																															
ACTION BY UNIT COMMANDER																																				
THIS PERMANENT CHANGE IN PROFILE SERIAL <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT REQUIRE A CHANGE IN MEMBER'S <input type="checkbox"/> MILITARY OCCUPATIONAL SPECIALTY <input type="checkbox"/> DUTY ASSIGNMENT BECAUSE:																																				
TYPED NAME AND GRADE OF UNIT COMMANDER			SIGNATURE		DATE																															
PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility) Doe, John M. 000-00-0000 Co A 29th EN SSG, USAR Silas B. Hays ACH Fort Ord, CA				UNIT Co A 29th EN USAR ISSUING CLINIC AND PHONE NUMBER Silas B. Hays ACH (408) 929-0201 DISTRIBUTION UNIT COMMANDER - ORIGINAL & 1 COPY HEALTH RECORD JACKET - 1 COPY CLINIC FILE - 1 COPY MILPO - 1 COPY																																

DA FORM 3349, MAY 86

REPLACES DA FORM 5302-R (TEST) DATED FEB 84 AND DA FORM 3349 DATED 1 JUN 80, WHICH ARE OBSOLETE

Figure 5-4. Sample format for physical profile

SUBJECT: Medical Treatment Statement and Notice of Eligibility (NOE) for Reserve Component Soldier

Commander
444th Engineer Detachment
USAR Center
Waco, TX 76703-0001

1. SP4 James D. Brown, 000-00-0000, was hospitalized during the period 17 January 1987 to 27 January 1987, for an(*injury, illness, or disease*)while on active duty.
2. Followup outpatient medical treatment is required and will take place on or about 17 February 1987.
3. Responsibility for medical treatment has been transferred to Brooke Army Medical Center, Fort Sam Houston, Texas. This soldier will receive continued medical care from that Armed Forces Medical Treatment facility. The next appointment for medical evaluation will be the responsibility of the soldier and unit commander.
4. Continued care for this soldier is authorized under provisions of 10 USC 1074a.

Encl

1. DA Form 2173
2. Medical treatment records

SUSAN B. ANTHONY
CPT, MSC
Chief, Patient Admin Branch

CF:
Cdr, BAMC
SP4 James D. Brown

Figure 5-5. Sample memorandum authorizing medical treatment

President
Incapacitation Review Board
Fifth U.S. Army
Fort Sam Houston, Texas 78234-5000

1. Recommend SP4 James D. Brown, 000-00-0000, USAR be authorized incapacitation pay for the period 18 January-18 February 1987.
2. SP4 Brown was injured in line of duty while performing AT at Fort Polk, Louisiana, on 15 January 1987.
3. SP4 Brown has provided the enclosed documentation to demonstrate his loss of nonmilitary income.
4. A copy of the approved line of duty investigation is enclosed.

Encl

DONALD Z. SMITH
CPT, EN, USAR
Commanding

Figure 5-6. Sample memorandum from Commander to Incapacitation Review Board

UNITED STATES ARMY ACCIDENT INVESTIGATION REPORT For use of this form, see AR 585-40. Use prenumbered agency in DCMR.										REQUIREMENT CONTROL SYMBOL CROPA-1412141	
NOTE: SPACES, BELOW, DEFINED BY HEAVY LINES ARE FOR "SAFETY CENTER USE ONLY."											
1. UNIT IDENTIFICATION		2. TIME AND DATE OF ACCIDENT				3. TIME OF DAY (Check one)		4. LOCATION			
6. UIC WZZABB	5. DESCRIPTION 1/52 FA, 14th CAV	7. YEAR 1989	8. MONTH July	9. DAY 10	10. HOUR 1000	<input type="checkbox"/> a. DAWN	<input checked="" type="checkbox"/> b. DAY	<input type="checkbox"/> c. DUSK	<input type="checkbox"/> d. NIGHT	<input checked="" type="checkbox"/> e. ON-POST	<input type="checkbox"/> f. OFF-POST
5. EXACT LOCATION OF ACCIDENT First and California Street Intersection, Camp Roberts, CA 93451-5000											
6. NAME (Last - First - MI) Doe, John M.						7. ADDRESS (Use official address for all Government personnel) 1/52 FA, 14th CAV Building 3053 Camp Roberts, CA			8. SOCIAL SECURITY NUMBER 000-00-0000		
9. GRADE SFC	11. AGE 34	12. SEX <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE	13. MOS OR CIVILIAN JOB SERIES 13A30	14. FLIGHT STATUS <input type="checkbox"/> a. YES <input checked="" type="checkbox"/> b. NO	15. DUTY STATUS <input checked="" type="checkbox"/> a. ON DUTY <input type="checkbox"/> b. OFF DUTY	16. NO. OF HOURS ON CONTINUOUS DUTY BEFORE ACCIDENT 3	17. NO. OF HOURS SLEEP IN LAST 24 HOURS (If more than 8) N/A				
17. CLASSIFICATION AT TIME OF ACCIDENT (Check appropriate box)											
<input type="checkbox"/> a. ACTIVE ARMY <input type="checkbox"/> c. OTHER US MILITARY NATIONAL GUARD: <input type="checkbox"/> a. TECH <input type="checkbox"/> b. 10T+ <input checked="" type="checkbox"/> c. AT <input type="checkbox"/> d. PTD <input type="checkbox"/> e. PTM <input type="checkbox"/> f. ADT <input type="checkbox"/> b. ARMY CIVILIAN <input type="checkbox"/> f. ROTC ARMY RESERVE: <input type="checkbox"/> a. 10T <input type="checkbox"/> b. AT <input type="checkbox"/> c. ADT <input type="checkbox"/> d. PTM <input type="checkbox"/> c. ARMY CONTRACTOR <input type="checkbox"/> g. DEPENDENT FOREIGN NATIONAL: <input type="checkbox"/> a. DIRECT HIRE <input type="checkbox"/> b. CONTRACT HIRE <input type="checkbox"/> c. KATUSA <input type="checkbox"/> d. NONAPPROPRIATED FUND <input type="checkbox"/> h. OTHER (Specify)											
18. THIS PERSON'S ACTIVITY/TASK AT TIME OF ACCIDENT Driving 1 1/2 Ton Truck (Delivering Meals)						19. IF THIS PERSON'S ACTIVITY WAS NECESSARY PART OF TRAINING, GIVE TYPE <input type="checkbox"/> a. BASIC (School) <input type="checkbox"/> b. ADVANCED (School) <input checked="" type="checkbox"/> c. OUT (Unit) <input type="checkbox"/> d. PROFICIENCY (Unit) <input type="checkbox"/> e. OTHER (Specify)					
20. WAS THIS PERSON'S ACTIVITY PART OF FIELD EXERCISES? <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO				21. WAS THIS PERSON'S ACTIVITY PART OF TACTICAL TRAINING? <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO				22. OPERATIONAL CATEGORY (Identify operational category that best describes the overall mission at time of accident.) Transportation-Food Services			
23. SEVERITY OF INJURY TO THIS PERSON (Check only one)											
<input type="checkbox"/> a. FATAL <input type="checkbox"/> b. PERMANENT TOTAL DISABILITY <input type="checkbox"/> c. PERMANENT PARTIAL DISABILITY <input type="checkbox"/> d. LOST WORKDAY SAME - DAYS AWAY FROM WORK <input checked="" type="checkbox"/> e. LOST WORKDAY CASE - RESTRICTED WORK ACTIVITY <input type="checkbox"/> f. NONFATAL CASE WITHOUT LOST WORKDAY											
24. HOW MANY DAYS LOST (If none, check box)											
<input type="checkbox"/> a. FIRST AID ONLY <input type="checkbox"/> b. NO INJURY <input type="checkbox"/> c. DEATHS AND SERIOUS INJURIES DEAD <input checked="" type="checkbox"/> d. 1-7 <input type="checkbox"/> e. 8-14 <input type="checkbox"/> f. 15-30 <input type="checkbox"/> g. 31-60 <input type="checkbox"/> h. 61-90 <input type="checkbox"/> i. 91-120 <input type="checkbox"/> j. 121-150 <input type="checkbox"/> k. 151-180 <input type="checkbox"/> l. 181-210 <input type="checkbox"/> m. 211-240 <input type="checkbox"/> n. 241-270 <input type="checkbox"/> o. 271-300 <input type="checkbox"/> p. 301-330 <input type="checkbox"/> q. 331-360 <input type="checkbox"/> r. 361-390 <input type="checkbox"/> s. 391-420 <input type="checkbox"/> t. 421-450 <input type="checkbox"/> u. 451-480 <input type="checkbox"/> v. 481-510 <input type="checkbox"/> w. 511-540 <input type="checkbox"/> x. 541-570 <input type="checkbox"/> y. 571-600 <input type="checkbox"/> z. 601-630 <input type="checkbox"/> aa. 631-660 <input type="checkbox"/> ab. 661-690 <input type="checkbox"/> ac. 691-720 <input type="checkbox"/> ad. 721-750 <input type="checkbox"/> ae. 751-780 <input type="checkbox"/> af. 781-810 <input type="checkbox"/> ag. 811-840 <input type="checkbox"/> ah. 841-870 <input type="checkbox"/> ai. 871-900 <input type="checkbox"/> aj. 901-930 <input type="checkbox"/> ak. 931-960 <input type="checkbox"/> al. 961-990 <input type="checkbox"/> am. 991-1020 <input type="checkbox"/> an. 1021-1050 <input type="checkbox"/> ao. 1051-1080 <input type="checkbox"/> ap. 1081-1110 <input type="checkbox"/> aq. 1111-1140 <input type="checkbox"/> ar. 1141-1170 <input type="checkbox"/> as. 1171-1200 <input type="checkbox"/> at. 1201-1230 <input type="checkbox"/> au. 1231-1260 <input type="checkbox"/> av. 1261-1290 <input type="checkbox"/> aw. 1291-1320 <input type="checkbox"/> ax. 1321-1350 <input type="checkbox"/> ay. 1351-1380 <input type="checkbox"/> az. 1381-1410 <input type="checkbox"/> ba. 1411-1440 <input type="checkbox"/> bb. 1441-1470 <input type="checkbox"/> bc. 1471-1500 <input type="checkbox"/> bd. 1501-1530 <input type="checkbox"/> be. 1531-1560 <input type="checkbox"/> bf. 1561-1590 <input type="checkbox"/> bg. 1591-1620 <input type="checkbox"/> bh. 1621-1650 <input type="checkbox"/> bi. 1651-1680 <input type="checkbox"/> bj. 1681-1710 <input type="checkbox"/> bk. 1711-1740 <input type="checkbox"/> bl. 1741-1770 <input type="checkbox"/> bm. 1771-1800 <input type="checkbox"/> bn. 1801-1830 <input type="checkbox"/> bo. 1831-1860 <input type="checkbox"/> bp. 1861-1890 <input type="checkbox"/> bq. 1891-1920 <input type="checkbox"/> br. 1921-1950 <input type="checkbox"/> bs. 1951-1980 <input type="checkbox"/> bt. 1981-2010 <input type="checkbox"/> bu. 2011-2040 <input type="checkbox"/> bv. 2041-2070 <input type="checkbox"/> bw. 2071-2100 <input type="checkbox"/> bx. 2101-2130 <input type="checkbox"/> by. 2131-2160 <input type="checkbox"/> bz. 2161-2190 <input type="checkbox"/> ca. 2191-2220 <input type="checkbox"/> cb. 2221-2250 <input type="checkbox"/> cc. 2251-2280 <input type="checkbox"/> cd. 2281-2310 <input type="checkbox"/> ce. 2311-2340 <input type="checkbox"/> cf. 2341-2370 <input type="checkbox"/> cg. 2371-2400 <input type="checkbox"/> ch. 2401-2430 <input type="checkbox"/> ci. 2431-2460 <input type="checkbox"/> cj. 2461-2490 <input type="checkbox"/> ck. 2491-2520 <input type="checkbox"/> cl. 2521-2550 <input type="checkbox"/> cm. 2551-2580 <input type="checkbox"/> cn. 2581-2610 <input type="checkbox"/> co. 2611-2640 <input type="checkbox"/> cp. 2641-2670 <input type="checkbox"/> cq. 2671-2700 <input type="checkbox"/> cr. 2701-2730 <input type="checkbox"/> cs. 2731-2760 <input type="checkbox"/> ct. 2761-2790 <input type="checkbox"/> cu. 2791-2820 <input type="checkbox"/> cv. 2821-2850 <input type="checkbox"/> cw. 2851-2880 <input type="checkbox"/> cx. 2881-2910 <input type="checkbox"/> cy. 2911-2940 <input type="checkbox"/> cz. 2941-2970 <input type="checkbox"/> da. 2971-3000 <input type="checkbox"/> db. 3001-3030 <input type="checkbox"/> dc. 3031-3060 <input type="checkbox"/> dd. 3061-3090 <input type="checkbox"/> de. 3091-3120 <input type="checkbox"/> df. 3121-3150 <input type="checkbox"/> dg. 3151-3180 <input type="checkbox"/> dh. 3181-3210 <input type="checkbox"/> di. 3211-3240 <input type="checkbox"/> dj. 3241-3270 <input type="checkbox"/> dk. 3271-3300 <input type="checkbox"/> dl. 3301-3330 <input type="checkbox"/> dm. 3331-3360 <input type="checkbox"/> dn. 3361-3390 <input type="checkbox"/> do. 3391-3420 <input type="checkbox"/> dp. 3421-3450 <input type="checkbox"/> dq. 3451-3480 <input type="checkbox"/> dr. 3481-3510 <input type="checkbox"/> ds. 3511-3540 <input type="checkbox"/> dt. 3541-3570 <input type="checkbox"/> du. 3571-3600 <input type="checkbox"/> dv. 3601-3630 <input type="checkbox"/> dw. 3631-3660 <input type="checkbox"/> dx. 3661-3690 <input type="checkbox"/> dy. 3691-3720 <input type="checkbox"/> dz. 3721-3750 <input type="checkbox"/> ea. 3751-3780 <input type="checkbox"/> eb. 3781-3810 <input type="checkbox"/> ec. 3811-3840 <input type="checkbox"/> ed. 3841-3870 <input type="checkbox"/> ee. 3871-3900 <input type="checkbox"/> ef. 3901-3930 <input type="checkbox"/> eg. 3931-3960 <input type="checkbox"/> eh. 3961-3990 <input type="checkbox"/> ei. 3991-4020 <input type="checkbox"/> ej. 4021-4050 <input type="checkbox"/> ek. 4051-4080 <input type="checkbox"/> el. 4081-4110 <input type="checkbox"/> em. 4111-4140 <input type="checkbox"/> en. 4141-4170 <input type="checkbox"/> eo. 4171-4200 <input type="checkbox"/> ep. 4201-4230 <input type="checkbox"/> eq. 4231-4260 <input type="checkbox"/> er. 4261-4290 <input type="checkbox"/> es. 4291-4320 <input type="checkbox"/> et. 4321-4350 <input type="checkbox"/> eu. 4351-4380 <input type="checkbox"/> ev. 4381-4410 <input type="checkbox"/> ew. 4411-4440 <input type="checkbox"/> ex. 4441-4470 <input type="checkbox"/> ey. 4471-4500 <input type="checkbox"/> ez. 4501-4530 <input type="checkbox"/> fa. 4531-4560 <input type="checkbox"/> fb. 4561-4590 <input type="checkbox"/> fc. 4591-4620 <input type="checkbox"/> fd. 4621-4650 <input type="checkbox"/> fe. 4651-4680 <input type="checkbox"/> ff. 4681-4710 <input type="checkbox"/> fg. 4711-4740 <input type="checkbox"/> fh. 4741-4770 <input type="checkbox"/> fi. 4771-4800 <input type="checkbox"/> fj. 4801-4830 <input type="checkbox"/> fk. 4831-4860 <input type="checkbox"/> fl. 4861-4890 <input type="checkbox"/> fm. 4891-4920 <input type="checkbox"/> fn. 4921-4950 <input type="checkbox"/> fo. 4951-4980 <input type="checkbox"/> fp. 4981-5010 <input type="checkbox"/> fq. 5011-5040 <input type="checkbox"/> fr. 5041-5070 <input type="checkbox"/> fs. 5071-5100 <input type="checkbox"/> ft. 5101-5130 <input type="checkbox"/> fu. 5131-5160 <input type="checkbox"/> fv. 5161-5190 <input type="checkbox"/> fw. 5191-5220 <input type="checkbox"/> fx. 5221-5250 <input type="checkbox"/> fy. 5251-5280 <input type="checkbox"/> fz. 5281-5310 <input type="checkbox"/> ga. 5311-5340 <input type="checkbox"/> gb. 5341-5370 <input type="checkbox"/> gc. 5371-5400 <input type="checkbox"/> gd. 5401-5430 <input type="checkbox"/> ge. 5431-5460 <input type="checkbox"/> gf. 5461-5490 <input type="checkbox"/> gg. 5491-5520 <input type="checkbox"/> gh. 5521-5550 <input type="checkbox"/> gi. 5551-5580 <input type="checkbox"/> gj. 5581-5610 <input type="checkbox"/> gk. 5611-5640 <input type="checkbox"/> gl. 5641-5670 <input type="checkbox"/> gm. 5671-5700 <input type="checkbox"/> gn. 5701-5730 <input type="checkbox"/> go. 5731-5760 <input type="checkbox"/> gp. 5761-5790 <input type="checkbox"/> gq. 5791-5820 <input type="checkbox"/> gr. 5821-5850 <input type="checkbox"/> gs. 5851-5880 <input type="checkbox"/> gt. 5881-5910 <input type="checkbox"/> gu. 5911-5940 <input type="checkbox"/> gv. 5941-5970 <input type="checkbox"/> gw. 5971-6000 <input type="checkbox"/> gx. 6001-6030 <input type="checkbox"/> gy. 6031-6060 <input type="checkbox"/> gz. 6061-6090 <input type="checkbox"/> ha. 6091-6120 <input type="checkbox"/> hb. 6121-6150 <input type="checkbox"/> hc. 6151-6180 <input type="checkbox"/> hd. 6181-6210 <input type="checkbox"/> he. 6211-6240 <input type="checkbox"/> hf. 6241-6270 <input type="checkbox"/> hg. 6271-6300 <input type="checkbox"/> hh. 6301-6330 <input type="checkbox"/> hi. 6331-6360 <input type="checkbox"/> hj. 6361-6390 <input type="checkbox"/> hk. 6391-6420 <input type="checkbox"/> hl. 6421-6450 <input type="checkbox"/> hm. 6451-6480 <input type="checkbox"/> hn. 6481-6510 <input type="checkbox"/> ho. 6511-6540 <input type="checkbox"/> hp. 6541-6570 <input type="checkbox"/> hq. 6571-6600 <input type="checkbox"/> hr. 6601-6630 <input type="checkbox"/> hs. 6631-6660 <input type="checkbox"/> ht. 6661-6690 <input type="checkbox"/> hu. 6691-6720 <input type="checkbox"/> hv. 6721-6750 <input type="checkbox"/> hw. 6751-6780 <input type="checkbox"/> hx. 6781-6810 <input type="checkbox"/> hy. 6811-6840 <input type="checkbox"/> hz. 6841-6870 <input type="checkbox"/> ia. 6871-6900 <input type="checkbox"/> ib. 6901-6930 <input type="checkbox"/> ic. 6931-6960 <input type="checkbox"/> id. 6961-6990 <input type="checkbox"/> ie. 6991-7020 <input type="checkbox"/> if. 7021-7050 <input type="checkbox"/> ig. 7051-7080 <input type="checkbox"/> ih. 7081-7110 <input type="checkbox"/> ii. 7111-7140 <input type="checkbox"/> ij. 7141-7170 <input type="checkbox"/> ik. 7171-7200 <input type="checkbox"/> il. 7201-7230 <input type="checkbox"/> im. 7231-7260 <input type="checkbox"/> in. 7261-7290 <input type="checkbox"/> io. 7291-7320 <input type="checkbox"/> ip. 7321-7350 <input type="checkbox"/> iq. 7351-7380 <input type="checkbox"/> ir. 7381-7410 <input type="checkbox"/> is. 7411-7440 <input type="checkbox"/> it. 7441-7470 <input type="checkbox"/> iu. 7471-7500 <input type="checkbox"/> iv. 7501-7530 <input type="checkbox"/> iw. 7531-7560 <input type="checkbox"/> ix. 7561-7590 <input type="checkbox"/> iy. 7591-7620 <input type="checkbox"/> iz. 7621-7650 <input type="checkbox"/> ja. 7651-7680 <input type="checkbox"/> jb. 7681-7710 <input type="checkbox"/> jc. 7711-7740 <input type="checkbox"/> jd. 7741-7770 <input type="checkbox"/> je. 7771-7800 <input type="checkbox"/> jf. 7801-7830 <input type="checkbox"/> jg. 7831-7860 <input type="checkbox"/> jh. 7861-7890 <input type="checkbox"/> ji. 7891-7920 <input type="checkbox"/> jj. 7921-7950 <input type="checkbox"/> jk. 7951-7980 <input type="checkbox"/> jl. 7981-8010 <input type="checkbox"/> jm. 8011-8040 <input type="checkbox"/> jn. 8041-8070 <input type="checkbox"/> jo. 8071-8100 <input type="checkbox"/> jp. 8101-8130 <input type="checkbox"/> jq. 8131-8160 <input type="checkbox"/> jr. 8161-8190 <input type="checkbox"/> js. 8191-8220 <input type="checkbox"/> jt. 8221-8250 <input type="checkbox"/> ju. 8251-8280 <input type="checkbox"/> jv. 8281-8310 <input type="checkbox"/> jw. 8311-8340 <input type="checkbox"/> jx. 8341-8370 <input type="checkbox"/> jy. 8371-8400 <input type="checkbox"/> jz. 8401-8430 <input type="checkbox"/> ka. 8431-8460 <input type="checkbox"/> kb. 8461-8490 <input type="checkbox"/> kc. 8491-8520 <input type="checkbox"/> kd. 8521-8550 <input type="checkbox"/> ke. 8551-8580 <input type="checkbox"/> kf. 8581-8610 <input type="checkbox"/> kg. 8611-8640 <input type="checkbox"/> kh. 8641-8670 <input type="checkbox"/> ki. 8671-8700 <input type="checkbox"/> kl. 8701-8730 <input type="checkbox"/> km. 8731-8760 <input type="checkbox"/> kn. 8761-8790 <input type="checkbox"/> ko. 8791-8820 <input type="checkbox"/> kp. 8821-8850 <input type="checkbox"/> kq. 8851-8880 <input type="checkbox"/> kr. 8881-8910 <input type="checkbox"/> ks. 8911-8940 <input type="checkbox"/> kt. 8941-8970 <input type="checkbox"/> ku. 8971-9000 <input type="checkbox"/> kv. 9001-9030 <input type="checkbox"/> kw. 9031-9060 <input type="checkbox"/> kx. 9061-9090 <input type="checkbox"/> ky. 9091-9120 <input type="checkbox"/> kz. 9121-9150 <input type="checkbox"/> la. 9151-9180 <input type="checkbox"/> lb. 9181-9210 <input type="checkbox"/> lc. 9211-9240 <input type="checkbox"/> ld. 9241-9270 <input type="checkbox"/> le. 9271-9300 <input type="checkbox"/> lf. 9301-9330 <input type="checkbox"/> lg. 9331-9360 <input type="checkbox"/> lh. 9361-9390 <input type="checkbox"/> li. 9391-9420 <input type="checkbox"/> lj. 9421-9450 <input type="checkbox"/> lk. 9451-9480 <input type="checkbox"/> ll. 9481-9510 <input type="checkbox"/> lm. 9511-9540 <input type="checkbox"/> ln. 9541-9570 <input type="checkbox"/> lo. 9571-9600 <input type="checkbox"/> lp. 9601-9630 <input type="checkbox"/> lq. 9631-9660 <input type="checkbox"/> lr. 9661-9690 <input type="checkbox"/> ls. 9691-9720 <input type="checkbox"/> lt. 9721-9750 <input type="checkbox"/> lu. 9751-9780 <input type="checkbox"/> lv. 9781-9810 <input type="checkbox"/> lw. 9811-9840 <input type="checkbox"/> lx. 9841-9870 <input type="checkbox"/> ly. 9871-9900 <input type="checkbox"/> lz. 9901-9930 <input type="checkbox"/> ma. 9931-9960 <input type="checkbox"/> mb. 9961-9990 <input type="checkbox"/> mc. 9991-10020 <input type="checkbox"/> md. 10021-10050 <input type="checkbox"/> me. 10051-10080 <input type="checkbox"/> mf. 10081-10110 <input type="checkbox"/> mg. 10111-10140 <input type="checkbox"/> mh. 10141-10170 <input type="checkbox"/> mi. 10171-10200 <input type="checkbox"/> mj. 10201-10230 <input type="checkbox"/> mk. 10231-10260 <input type="checkbox"/> ml. 10261-10290 <input type="checkbox"/> mn. 10291-10320 <input type="checkbox"/> mo. 10321-10350 <input type="checkbox"/> mp. 10351-10380 <input type="checkbox"/> mq. 10381-10410 <input type="checkbox"/> mr. 10411-10440 <input type="checkbox"/> ms. 10441-10470 <input type="checkbox"/> mt. 10471-10500 <input type="checkbox"/> mu. 10501-10530 <input type="checkbox"/> mv. 10531-10560 <input type="checkbox"/> mw. 10561-10590 <input type="checkbox"/> mx. 10591-10620 <input type="checkbox"/> my. 10621-10650 <input type="checkbox"/> mz. 10651-10680 <input type="checkbox"/> na. 10681-10710 <input type="checkbox"/> nb. 10711-10740 <input type="checkbox"/> nc. 10741-10770 <input type="checkbox"/> nd. 10771-10800 <input type="checkbox"/> ne. 10801-10830 <input type="checkbox"/> nf. 10831-10860 <input type="checkbox"/> ng. 10861-10890 <input type="checkbox"/> nh. 10891-10920 <input type="checkbox"/> ni. 10921-10950 <input type="checkbox"/> nj. 10951-10980 <input type="checkbox"/> nk. 10981-11010 <input type="checkbox"/> nl. 11011-11040 <input type="checkbox"/> nm. 11041-11070 <input type="checkbox"/> no. 11071-11100 <input type="checkbox"/> np. 11101-11130 <input type="checkbox"/> nq. 11131-11160 <input type="checkbox"/> nr. 11161-11190 <input type="checkbox"/> ns. 11191-11220 <input type="checkbox"/> nt. 11221-11250 <input type="checkbox"/> nu. 11251-11280 <input type="checkbox"/> nv. 11281-11310 <input type="checkbox"/> nw. 11311-11340 <input type="checkbox"/> nx. 11341-11370 <input type="checkbox"/> ny. 11371-11400 <input type="checkbox"/> nz. 11401-11430 <input type="checkbox"/> oa. 11431-11460 <input type="checkbox"/> ob. 11461-11490 <input type="checkbox"/> oc. 11491-11520 <input type="checkbox"/> od. 11521-11550 <input type="checkbox"/> oe. 11551-11580 <input type="checkbox"/> of. 11581-11610 <input type="checkbox"/> og. 11611-11640 <input type="checkbox"/> oh. 11641-11670 <input type="checkbox"/> oi. 11671-11700 <input type="checkbox"/> oj. 11701-11730 <input type="checkbox"/> ok. 11731-11760 <input type="checkbox"/> ol. 11761-11790 <input type="checkbox"/> om. 11791-11820 <input type="checkbox"/> on. 11821-11850 <input type="checkbox"/> oo. 11851-11880 <input type="checkbox"/> op. 11881-11910 <input type="checkbox"/> oq. 11911-11940 <input type="checkbox"/> or. 11941-11970 <input type="checkbox"/> os. 11971-12000 <input type="checkbox"/> ot. 12001-12030 <input type="checkbox"/> ou. 12031-12060 <input type="checkbox"/> ov. 12061-12090 <input type="checkbox"/> ow. 12091-12120 <input type="checkbox"/> ox. 12121-12150 <input type="checkbox"/> oy. 12151-12180 <input type="checkbox"/> oz. 12181-12210 <input type="checkbox"/> pa. 12211-12240 <input type="checkbox"/> pb. 12241-12270 <input type="checkbox"/> pc. 12271-12300 <input type="checkbox"/> pd. 12301-12330 <input type="checkbox"/> pe. 12331-12360 <input type="checkbox"/> pf. 12361-12390 <input type="checkbox"/> pg. 12391-12420 <input type="checkbox"/> ph. 12421-12450 <input type="checkbox"/> pi. 12451-12480 <input type="checkbox"/> pj. 12481-12510 <input type="checkbox"/> pk. 12511-12540 <input type="checkbox"/> pl. 12541-12570 <input type="checkbox"/> pm. 12571-12600 <input type="checkbox"/> pn. 12601-12630 <input type="checkbox"/> po. 12631-12660 <input type="checkbox"/> pp. 12661-12690 <input type="checkbox"/> pq. 12691-12720 <input type="checkbox"/> pr. 12721-12750 <input type="checkbox"/> ps. 12751-12780 <input type="checkbox"/> pt. 12781-12810 <input type="checkbox"/> pu. 12811-12840 <input 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type="checkbox"/> sp. 15001-15030 <input type="checkbox"/> sq. 15031-15060 <input type="checkbox"/> sr. 15061-15090 <input type="checkbox"/> ss. 15091-15120 <input type="checkbox"/> st. 15121-15150 <input type="checkbox"/> su. 15151-15180 <input type="checkbox"/> sv. 15181-15210 <input type="checkbox"/> sw. 15211-15240 <input type="checkbox"/> sx. 15241-15270 <input type="checkbox"/> sy. 15271-15300 <input type="checkbox"/> sz. 15301-15330 <input type="checkbox"/> ta. 15331-15360 <input type="checkbox"/> tb. 15361-15390 <input type="checkbox"/> tc. 15391-15420 <input type="checkbox"/> td. 15421-15450 <input type="checkbox"/> te. 15451-15480 <input type="checkbox"/> tf. 15481-15510 <input type="checkbox"/> tg. 15											

ARMY RESERVE RECORD OF INDIVIDUAL PERFORMANCE OF RESERVE DUTY TRAINING <small>For use of this form, see AR 140-185; the proponent agency is RCPAC.</small>						1. DATE 1 May 1989	
2. FROM: (Reporting Agency) (Include ZIP Code) Btry A 2/146 FA Templeton, CA 93465						3. RETIREMENT YEAR ENDING DATE 29 Nov	
4. TO: (Custodian of reservists' field 201 file.) (Include ZIP Code) <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">B Btry 2/146 FA 29 Main Street Paso Robles, CA 93446</div>							
5. LAST NAME - FIRST NAME - MIDDLE INITIAL Doe, John M.				6. GRADE PFC		7. SOCIAL SECURITY NO. 000-00-0000	
8. INDIVIDUAL'S ASSIGNED ORGANIZATION (If different from office of addressee) N/A							
9. THE ABOVE NAMED RESERVIST PERFORMED <input checked="" type="checkbox"/> EQUIVALENT <input type="checkbox"/> APPROPRIATE <input type="checkbox"/> SUITABLE <input type="checkbox"/> OTHER (Check applicable box) DUTIES, TRAINING OR INSTRUCTION ON THE DATES AND FOR THE HOURS INDICATED AS AUTHORIZED BY (Cite authorization):							
a. DATE			b. HOURS	c. RETIREMENT POINTS	d. NATURE OF DUTIES, TRAINING OR INSTRUCTION		
DAY	MONTH	YEAR					
13	May	89	8	2	Fire Direction Control Training		
14	May	89	8	2	Fire Direction Control Training Nothing Follows		
11. TYPED NAME, GRADE AND POSITION OF OFFICER HAVING KNOWLEDGE OF DUTIES PERFORMED Curtis M. Kelley CPT FA CDR, Btry A 2/146 FA					12. SIGNATURE OF OFFICER (Item 11) <i>Curtis M. Kelley</i>		
13. FOR CUSTODIAN OF INDIVIDUAL RESERVIST'S RECORDS							
<input type="checkbox"/> REPORTED TO SERVICING DATA PROCESSING UNIT.				PAY DATA		<input type="checkbox"/> EXTRACTED <input type="checkbox"/> NOT APPLICABLE	

DA FORM 1380
FEB 75

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Figure 5-8. Sample format for record of individual performance of reserve duty training

000-00-0000 14672819

MEMBER IDENTIFICATION

Doe, John M.

NAME (LAST, FIRST, MI)

2 1 1 0 8 1 5

NO.
TYPE
TYPE
MONTH
MONTH
DAY
DAY

IN LIEU OF DATE

DD MM YY

E X A M P L E

[30080127]

PRN ISN

CERTIFICATION:

I CERTIFY THE ABOVE TO BE CORRECT AND
ACKNOWLEDGE THAT FALSIFICATION OF THIS
RECORD IS LEGALLY PUNISHABLE.

Curtis M. Kelley CPT IN

AUTHORIZING SIGNATURE

US ARMY RESERVE DRILL RECORDING FORM

CERTIFICATION:

I CERTIFY THE ABOVE TO BE CORRECT AND
ACKNOWLEDGE THAT FALSIFICATION OF THIS
RECORD IS LEGALLY PUNISHABLE.

John M. Doe

DRILLING RESERVIST SIGNATURE

Figure 5-9. Sample format of U.S. Army reserve drill recording form

DA FORM 5350, DEC 84

MEMORANDUM FOR RECORD

SUBJECT: Incapacitation Review Board Initial Entitlement Review

Name: James Murray

Rank: SFC

SSN: 111-22-3333

Unit: A Co, 3rd Bn, 142nd

Location: Ft Smith, NJ

Unit telephone: 201-555-1314

Major Command: 142nd Inf Div

1. Status at time of incapacitation: AD of 30 days or less(including AT).
2. Cause of incapacitation: Injury.
3. Service aggravation: Yes.

Note: Not eligible for entitlement unless a finding of service-connected aggravation is made for EPTS conditions.

4. Final line of duty determination: Yes Date: 16 Aug 90

5. Date of injury/disease: After 14 Nov 86

6. Entitlement to health care at Government expense: Yes

Note: No entitlement for injury is allowed if not in a IDT, AT AD status as listed in paragraph 1 above. No entitlement after date of not in line of duty finding, regardless of status. Refer cases involving injury, illness, or disease incurred or aggravated on or before 14 Nov 86 to HQDA(DAPE-MBB-C). Entitlement during travel time for AD of 30 days or less will be per guidance contained in the DODPM.

7. Entitlement to incapacitation pay: Yes

Note: No entitlement for injury while not in a status listed in paragraph 1 above. No entitlement until final in line of duty determination is made. A maximum of 6 months of incapacitation pay may be paid (unless authorized an exception in writing by the Secretary of the Army). Entitlement during travel time for AD of 30 days or less will be per the DODPM.

8. Extension of orders: Yes.

Note: AD orders may not be issued or extended following injury, illness, or disease while in IDT status. AD orders may not be amended or extended following injury, illness, or disease while on AD tours of 30 days or less.

9. Disability retirement: Yes

Note: Disability retirement or separation is not authorized for injury, while traveling to or from IDT.

Figure 5-10. Sample memorandum to verify entitlement

SUBJECT: Initial Authorization for Payment of Incapacitation Pay and Allowances

Finance and Accounting Office
Building 70
ATTN: AFZN-CM-FP-RJ
FT Riley, KS 66442-5008

1. Reference: DODPM, paragraph 80254, and table 8-2-3.
2. Request payment of incapacitation pay and allowances for:
 - a. Name: Roger Brown.
 - b. Rank: CPT.
 - c. SSN: 101-20-2222.
 - d. Unit of assignment: 253rd Postal Company.
 - e. Unit location: Manhattan, KS 20344.
 - f. Unit telephone: 619-891-4374.
 - g. Soldier"s address: 231 Maple St, Gove KS 20349.
 - h. Soldier"s daytime telephone: 619-555-1040.
3. This soldier incurred an injury on 13 Aug 88 at 1530 hours while performing AD at FT Riley, KS. A copy of the AD orders and DA Form 5350 or DA Form 1380 is attached.
4. A line of duty investigation (DA Form 2173) was initiated and approved by CAC on 23 Aug 88 and is provided at enclosure 1.
5. This request has been reviewed at this headquarters and has been found to meet the criteria established for payment in the above cited reference and in law.
6. Recommend pay and allowances be paid for the period (dates), inclusive. This letter certifies that the above named soldier has been unable to perform normal military duties/satisfactorily demonstrated the loss of nonmilitary compensation. Pay documents are at enclosure 2.* This certification does not exceed the statutory limit of a maximum of 6 months incapacitation pay.

FOR THE COMMANDER:

3 Encls

GEORGE X. BAUER
COL, IN
President, Incapacitation
Review Board

*Note: Documents to be forwarded are contained in paragraph 5-7 of this regulation.

Figure 5-11. Sample format for initial authorization for payment of incapacitation pay and allowances

SUBJECT: Authorization for Continuation of Incapacitation Pay and Allowances

Finance and Accounting Office
Building 70

ATTN: AFZN-CM-FP-RJ

FT Riley, KS 66442-5008

1. References:

- a. DODPM, paragraph 80254, and table 8-2-3.
- b. Letter, this headquarters, 18 May 89, Subject: Authorization for Payment of Incapacitation Pay and Allowances.

2. Request continuation of incapacitation pay(encl 1) (see note 1) for:

- a. Name: John N. Doe.
 - b. Rank: SFC.
 - c. SSN: 113-40-3667.
3. This request has been reviewed and found to meet the criteria for payment established in the above cited reference 1a and in law.
4. SFC Doe continues to be unable to perform normal military duties/to demonstrate the loss of non-military compensation during the period 11 May 89 through 17 May 89.
5. The injury was found to have occurred in line of duty.A copy of the approved line of duty investigation report was forwarded to your office as an enclosure to reference 1b above.
6. Recommend pay and allowances be paid for the period 18 May through 29 July 89 inclusive. This certification does not authorize payment beyond a maximum of 6 months" incapacitation pay.

FOR THE COMMANDER:

GEORGE X. BAUER
COL, IN
President, Incapacitation Review Board

Note: Documents to be forwarded are contained in paragraph 5-7.

Figure 5-12. Sample format for authorization for continuation of incapacitation pay and allowances

SUBJECT: Denial of Health Care, Incapacitation Pay, or Disability Benefits

THRU: Commander (see note 1.)
444th Engineer Detachment
Waco, Texas 76703-001

TO: SP4 James J. Jones
111 Shady Lane
El Paso, Texas 79940

1. Your application for health care has been denied because it does not meet the criteria established in law and regulation for entitlement.

Figure 5-13. Sample format for denial of health care, incapacitation pay, or disability benefits—Continued

2. Provide specific information concerning denial of benefits. (Examples include not incurred in line of duty; not incurred or aggravated while in a duty or travel status; determined fit for military duties; did not satisfactorily demonstrate the loss of nonmilitary compensation or exceeds 6 month limitation for payment.)

3. You have the right to request a reconsideration of this case. You should submit your request within 30 days of receipt of this letter, together with any additional substantiating statements or documentation. Further appeal may be directed to Commander, FORSCOM; Chief, National Guard Bureau, ATTN:NGB-ARC-P; HQDA (DAPE-MBB-C) or HQDA (DAAR-PE). (See para 5-16 for proper appeal review authority.)

FOR THE COMMANDER:

GEORGE X. BAUER
COL, IN
President, Incapacitation
Review Board

Note: CG, ARPERCEN will correspond directly with the soldier.

Figure 5-13. Sample format for denial of health care, incapacitation pay, or disability benefits

Chapter 6 Death Benefits

6-1. General

Titles 10 and 38, United States Code, provide death benefits to Reserve Component soldiers. AR 600-8-1 prescribes policy concerning death benefits. This chapter describes entitlements authorized by law or regulation for RC soldiers.

6-2. Status

Except as noted in this chapter, soldiers must have died while in a duty or travel status as defined in chapter 1 of this regulation to qualify for benefits.

6-3. Line of duty investigation

A formal line of duty investigation will be initiated on any soldier killed while in a duty status described in chapter 1 of this regulation per AR 600-8-1. In all cases, a finding will be made as to the status of the deceased soldier at the time of death.

6-4. Active duty for more than 30 days

Soldiers who die while on AD for more than 30 days are entitled to the same death benefits as their Active Army counterparts.

6-5. Servicemans' Group Life Insurance (SGLI)

To determine SGLI eligibility see AR 608-2 which provides policy concerning this benefit.

6-6. Settlement of unpaid pay and allowances

a. A soldier's estate or survivors will be paid any unpaid pay and allowances to include any authorized incapacitation pay following death. (See paras 4-17 and 4-18.)

b. These funds are payable regardless of when death occurs. Soldiers do not have to be in a duty status at time of death. (See chap 1.)

c. DODPM paragraph 80255, provides guidance on entitlement.

6-7. Death gratuity

a. Soldiers who die while in a duty or travel status (chap 1) will generally qualify for payment of the death gratuity.

b. DODPM paragraph 80255, provides guidance on entitlement.

6-8. Recovery, care, and disposition of remains, and expenses related to death

a. Soldiers are entitled to recovery, care, and disposition of their remains when they die from injury or disease while any one of the following applies:

- (1) On AD or IDT. (See para 1-5.)
- (2) In a travel status related to AD or IDT. (See para 1-6.)
- (3) In a patient status (chap 2) for injury or incurred disease contracted during duty or travel status. (See paras 1-5 or 1-6.)
- b. The Army is authorized to pay up to the maximum limit allowed by AR 600-8-1, expenses related to the following:
 - (1) Recovery and identification of the remains.
 - (2) Notification of the next-of-kin or other appropriate person.
 - (3) Preparation of the remains for burial, including cremation if requested by the person designated to direct disposition of the remains.
 - (4) Furnishing of a uniform or other clothing.
 - (5) Furnishing of a casket or urn, or both, with outside box.
 - (6) Hearse service.
 - (7) Funeral director's services.
 - (8) Transportation of the remains, and round trip transportation and prescribed allowances for an escort of one person, to the place selected by the person designated to direct disposition of the remains or, if such a selection is not made, to a national or other cemetery in which burial of the decedent is authorized.
 - (9) Interment of the remains.
 - (10) Presentation of a flag of the United States to the person designated to direct disposition of the remains.
 - (11) Presentation of a flag to the parents or parent, if the person to be presented a flag in (10) above is other than the parent of the decedent.
- c. If funeral expenses are paid by an individual in conjunction with recovery, care, and disposition of remains, he or she may be reimbursed by the Army up to the specified amount for expenses detailed in *above*.
- d. See AR 600-8-1 for further details on Army policy concerning care and disposition of remains and related expenses.

6-9. Flag presentation

A flag may be presented to the person designated to direct disposition of remains of soldiers per AR 600-8-1, providing either one of the following apply:

- a. He or she was a member of the Ready Reserve.
- b. He or she had performed at least 20 years of satisfactory Federal service but was not entitled to retired pay for nonregular service.

6-10. Grave marker or headstone

a. A grave marker or headstone is generally authorized for soldiers who die while in a duty or travel status prescribed in chapter 1.

b. An RC soldier who is not in a duty status at the time of death

may still qualify for this entitlement based on other military service. Contact the VA regarding this entitlement.

6-11. Cemeteries

- a. Burial in Government cemeteries is covered in AR 600-8-1.
- b. Army policy concerning post cemeteries is contained in AR 210-190.
- c. Eligibility to interment in Arlington National Cemetery is contained in AR 290-5.

6-12. Transportation of family members to burial site

Transportation of family members to the burial site of a soldier who died while on AD or inactive duty as a result of a ILI injury, illness or disease is authorized per Joint Federal Travel Regulations (JFTR).

6-13. Health care benefits for survivors

- a. Survivors of soldiers are authorized health care on a space available basis in uniformed services medical and dental facilities or care under CHAMPUS if the soldier dies from injury or disease while in a duty or travel status as prescribed in chapter 1.
- b. Entitlement is authorized only for deaths occurring after 14 November 1986.
- c. In instances where death occurred before 15 November 1986, survivors may qualify for Civilian Health and Medical Program of the Veterans Administration (CHAMPVA) through the VA.

6-14. Commissary and exchange privileges for survivors

- a. Survivors of soldiers are authorized commissary and exchange privileges if the soldier died from injury or disease while in a duty or travel status as prescribed in chapter 1.
- b. Entitlement is authorized only for deaths occurring on or after 8 November 1985.

6-15. Dependency and indemnity compensation

Dependency and indemnity compensation is a program of the VA that benefits survivors of certain soldiers who die in line of duty. Survivors should be encouraged to apply to the VA for these benefits.

Chapter 7 Administrative Procedures

7-1. General

This chapter establishes various administrative procedures to be used in managing and controlling incapacitation of RC soldiers' actions as well as other details pertaining to entitlements.

7-2. Orders

a. *Active duty status.* The Comptroller General of the United States has ruled that RC soldiers who are receiving health care in a patient status (chap 2) and/or incapacitation pay under provisions of chapter 4, are not in an AD status. Active duty (ADT, AT,TTAD, ADSW) orders of 30 days or less may not be extended solely to qualify for additional benefits once a soldier has incurred or aggravated an injury, illness, or disease (including injury, illness, or disease while in travel status). Soldiers who incur or aggravate an injury, illness, or disease while on orders for more than 30 days may elect to extend on AD until treatment is completed.

b. *Inactive duty status.* Soldiers who are in an IDT status or IDT-related travel (paras 1-5 and 1-6) will not be placed on AD orders to qualify for additional benefits once they incur or aggravate an injury, illness, or disease.

c. *Consent affidavit.* In instances where a soldier qualifies for retention on active duty (ILI injury, illness or disease while on order for more than 30 days), he or she will not be retained beyond his or her scheduled date of release from AD without his or her written consent.

- (1) A consent affidavit (figs 7-1 and 7-2) must be signed in

duplicate by the soldier. If the soldier is mentally incompetent or otherwise unable to sign, his or her next of kin or legal representative will be asked to sign for the soldier. An exception is made if the soldier is unable to sign and the next of kin or legal representative cannot be located or will not sign for the soldier. In this case, the soldier will be retained. In these circumstances, the hospital commander will furnish the retention approving authority full details of the case including actions to secure consent for retention. The consent affidavit or notice of action taken to secure consent, will be filed in the soldier's military personnel records jacket (MPRJ).

(2) The format of the consent affidavit will be based on the results or status of the LD investigation as follows:

(a) A soldier disabled, while performing duty on orders that exceed 30 days, from injury, illness, or disease incurred or aggravated in the LD will sign the affidavit in figure 7-1. When the LD status has not been determined, the additional paragraph shown in figure 7-1 will be included in the affidavit.

(b) A soldier disabled from injury, illness, or disease not incurred or aggravated in the LD will sign the affidavit in figure 7-4.

d. *Request for retention.* A request for retention will include the following information:

(1) Soldier's name, grade, branch, social security number, and current unit of assignment.

(2) Date, time, and place of injury, illness, or disease.

(3) Medical diagnosis in nontechnical medical terms.

(4) Medical reasons for being retained (such as to complete hospitalization or physical disability processing).

(5) Expected date of release from medical care or the date the case will be referred to the MEB and/or PEB.

(6) An administrative point of contact and telephone number at the MTF.

(7) A professional point of contact and telephone number at the MTF.

(8) A copy of the soldier's signed statement consenting to retention (or that of the next-of-kin or legal representative) or a statement of actions taken to secure consent.

e. *Approving authority.*

(1) The MTF commander will prepare a request for retention per guidance in d above. Additional copies of the request will be sent to the following:

(a) Order issuing agency.

(b) Soldier's ARNG or USAR unit commander.

(c) State Adjutant General (ARNG), or area commander, or CG, ARPERCEN,(USAR) as appropriate.

(d) Commander of the Active Army unit to which the member is attached during the period of AD when appropriate.

(2) The approval authorities for retention requests are as follows:

(a) Chief, NGB, ATTN: NGB-ARS (AV 225-3084), for ARNGUS soldiers.

(b) Commander, ARPERCEN, ATTN: DARP-ZSG (AV 693-7475/7593), for USAR officers.

(c) The commander exercising general court-martial authority for USAR enlisted soldiers. This will normally be the commander of the installation where the member is performing duty. This authority may be delegated to the deputy commander, another general officer on his or her staff, the chief of staff, or the adjutant general.

(3) The approving authority will either—

(a) Send an approved request to the order issuing authority and send a copy of the approved request to the MTF commander.

(b) Return a disapproved request to the MTF commander and send a copy of the disapproval to the order issuing authority.

f. *Amendatory orders.*

(1) When directed by the approving authority, amendatory orders will be issued by the agency that issued the original AD order. The amended order will show an accounting classification from the open allotment specified in AR 37-100-XX for members of the USAR. Under no circumstance will the accounting classification shown on the AD order be used to support entitlements after the initial period of AD expires. A soldier retained on AD will remain attached to the unit to which attached when the original order expired, unless the approval authority directs otherwise. The period of AD will be

extended to the expected date of recovery. This date will be furnished by the MTF *e*(1) above), or a date stated in (2) below. A specific allotment to the State will be used for members of the ARNG.

(2) When necessary to permit physical disability processing, orders will be amended to extend the period of AD to the date the case will be referred to the PEB as stated in *d*(5) above plus 8 weeks. All of the cases are initially considered by an informal PEB. This reduces the time required to process a case through the disability evaluation system. If an informal PEB finds the soldier fit and the soldier desires a formal PEB, the orders will be further amended to extend the period of AD through the formal PEB proceedings. The soldier has the right to a formal PEB hearing as prescribed in AR 635–40. In all other cases, the orders termination date will be the date the CG, U.S. Army Personnel Command (PERSCOM) directs disposition by one of the means described in AR 635–40, paragraph 4–24.

7–3. Commissary and exchange entitlements

a. No entitlement to commissary privileges exists based on patient status or while drawing incapacitation pay since neither entitlement confers AD status on an RC soldier.

b. Entitlement to exchange privileges is authorized and will be accomplished per AR 60–20, paragraph 2–14*b*(6).

7–4. UCMJ applicability

Soldiers in a patient status (chap 2) or drawing incapacitation pay (chap 4) are not subject to the UCMJ.

7–5. Soldier briefing

a. A soldier who incurs or aggravates an injury, illness, or disease will be briefed on his or her rights, privileges, and responsibilities.

b. The soldier briefing will be used for this purpose and will be signed by both the incapacitated soldier and his or her unit commander as soon as possible following incapacitation. Figure 7–3 is a sample format for a soldier briefing where the incapacitation was caused by incurring or aggravating an injury. “Illness” or “disease” may be substituted for injury in the briefing as appropriate.

Affidavit for a Member Ordered to ADT, FTTD, or ADSW for more than 30 Days; Disabled from Disease or injury Incurred in the Line of Duty with the Army of the United States, SS Affidavit

On *(date)*, at *(time and place)* *(member's name)*, personally appeared before me, the undersigned, authorized by law to administer oaths regarding the Uniform Code of Military Justice, Article 136. After being advised by me of the rights and advantages of remaining in an active duty for training (ADT), full-time training duty (FTTD), or active duty for special work (ADSW) status beyond the scheduled date of release from such duty as specified in orders, for the purpose of completing hospital care and if eligible, subsequent separation or retirement for physical disability as stated in chapter 61, title 10, USC and after being sworn says:

I, *(member's name)* have been advised by the undersigned officer of the rights and advantages that may accrue to me by voluntarily remaining on ADT, FTTD, or ADSW for hospital care. Further, if eligible, I may later separate or retire on physical disability as outlined in chapter 61, title 10, USC.

(If line of duty determination is pending, insert the following paragraph):

In addition, I *(member's name)* have been further advised that I may be released from ADT, FTTD, or ADSW before completing my medical care, hospitalization, or physical disability processing, if it is determined that the disease or injury for which I am currently being treated was not incurred in the line of duty. I understand that my release from ADT, FTTD, or ADSW will be effective immediately on receipt of notice of such a determination. I understand that after I have been released from ADT, FTTD, or ADSW, I will no longer be entitled to medical care at Army expense for the not in line of duty disease or injury. I understand that, on release from ADT, FTTD, or ADSW, the Army Medical Treatment Facility (MTF) commander is required, at the earliest date possible, to discharge me from the Army MTF and, if medically required, transfer me to another medical facility at my own expense. I understand that I will be charged at the current pay patient rate (. . . per day) for any treatment given me in the Army MTF while awaiting discharge from treatment or transfer to another medical center following my release from ADT, FTTD, or ADSW. I have also been advised that the period after completing my original ADT, FTTD, or ADSW is not considered to be active Federal service, and that leave or active duty retirement point credits will not accrue during this period.

Regarding the above, I (do) (do not) desire to remain beyond the scheduled date of my relief from ADT, FTTD, or ADSW.

(Signature of member)
(Grade and organization of officer administering oath)
(Signature of officer administering oath)

Figure 7-1. Sample affidavit for disability incurred in the line of duty for tours of more than 30 days

Affidavit for a Member Ordered to AT or to ADT, FTTD, or ADSW for 30 Days or less; Disabled from Disease or Injury Incurred in the line of Duty with the Army of the United States, SS Affidavit

On *(date)*, at *(time and place)*, the undersigned, authorized by law to administer oaths regarding the Uniform Code of Military Justice, Article 136, personally advised *(member's name)* of the advantage of remaining after completing annual training (AT), active duty for training (ADT), full-time training duty (FTTD), or active duty for special work (ADSW) as specified in my orders, to continue medical care or hospitalization and; also, if eligible, later separate or retire for physical disability as stated in chapter 61, title 10, USC, and after being sworn says:

I, *(member's name)* have been advised by the undersigned officer of the advantage that may accrue to me by remaining after completing AT, ADT, FTTD, or ADSW, specified in my orders, to continue medical care or hospitalization and; also, if eligible, later separate or retire for physical disability under chapter 61, title 10, USC; and, in addition, the period after completing AT, ADT, FTTD, or ADSW is not considered to be active Federal service, and leave or active duty retirement point credits will not accrue during this period.

(If a line of duty determination is pending, insert the following paragraph):

I, *(member's name)*, have been advised that I may be released from patient status before completion of my medical care, hospitalization, or physical disability processing, if it is determined that the disease or injury for which I am currently receiving medical care or hospitalization was not incurred in the line of duty. I understand that my release from patient status will be effective immediately after the commander of the Army MTF receives notice of such determination. I understand that, after I have been released from patient status, I will not longer be entitled to medical care at Army expense for the not in the line of duty disease or injury. I understand that, on releasing me from patient status, the Army MTF commander is required at the earliest date possible, to discharge me from the Army MTF and, if medically required, transfer me to another medical facility at my own expense. I understand that I will be charged at the current pay patient rate (. . . per day) for any treatment provided me in the Army MTF while awaiting discharge following my release from patient status. These charges will begin on the date I am notified of the 'not in the line of duty' findings. Also, I understand that I will not be entitled to pay and allowances beyond the termination date of my orders (AR 40-3, para 4-2e(1) and (2); NGR 40-3, para 7b(1) and (2), and DODPM, para 80254b(4)).

Regarding the above, I (do) (do not) desire to remain beyond the scheduled date of my relief from AT, ADT, FTTD, or ADSW.

ber)

)

*(Signature of mem-
(Grade and organization of officer administering oath-
(Signature of officer administering oath)*

Figure 7-2. Sample affidavit for disability incurred in line of duty for tours of 30 days or less

Soldier Briefing

General

1. I understand that you recently incurred or aggravated an injury while participating in training as a member of the U.S. Army Reserve or Army National Guard of the United States.
2. The purpose of this briefing is to advise you of some of your rights, privileges, and responsibilities in conjunction with your incapacitation.
3. The objective of your medical treatment is to return you to duty as quickly as possible consistent with sound professional medical practice.
4. You may have your pay and allowances continued.
5. No soldier has an automatic entitlement to either funded medical care or incapacitation pay.
6. Each situation is evaluated on a case-by-case basis to ensure that it complies with law and regulations.
7. Reserve Component soldiers are generally entitled to medical care in a Government facility or at Government expense if they incur or aggravate an injury while participating in scheduled training.
8. There is no entitlement to either medical care at Government expense or incapacitation pay after expiration of orders when the injury is determined to have been incurred or aggravated not in the line of duty.
9. Incapacitation pay may not be paid until a final line of duty determination has been made.

1. If you are injured or contract or aggravate a disease while on active duty for more than 30 days(*or traveling directly to or from that duty*), your orders may be extended, with your concurrence, until such time as the Army determines that you are able to resume your 'normal military duties' or your condition cannot be further improved.
2. If you elect not to have your orders extended, you should be aware that you will be giving up important benefits and entitlements such as pay and allowances, post exchange and commissary privileges, and continued medical care and benefits for you and your authorized dependents.
3. If you elect not to have your orders extended, there is no automatic entitlement to continued receipt of pay and allowances.
4. If you elect to have your orders extended, you will remain under military control, continue to be subject to the Uniform Code of Military Justice, and you may not be able to return to the place from which you were ordered to active duty until your orders are terminated.
5. Electing to have your orders extended will not ensure that you will be hospitalized or receive medical treatment near your home.

Active Duty—30 Days or Less

1. If you incur or aggravate an injury while on active duty for 30 days or less, your orders may not be extended.
2. You may be entitled to continued medical care at Government expense and incapacitation pay but only if your injury is incurred or aggravated in the line of duty.
3. If medical care is authorized, your entitlement will continue until such time as it is determined that

Figure 7-3. Active Duty—More Than 30 Days—Continued

you should be able to resume your 'normal military duties' or your condition cannot be further improved, whichever occurs first.

Sample format for soldier briefing

4. Entitlement to incapacitation pay is made on a case-by-case basis based on the Army's evaluation of your inability to satisfactorily perform normal military duties or demonstrate a loss of nonmilitary compensation up to a maximum of 6-months. (The Secretary of the Army has the authority to exceed the 6-month limitation in some cases.)
5. If it is determined that your injury was incurred or aggravated in the line of duty and you are authorized medical care, it continues; if a 'not in line of duty' determination is made after termination of your orders, your continued entitlement to funded medical care ends and all hospital, surgical, medical, and other health care related costs become your personal responsibility.
6. If it is determined that your injury was incurred or aggravated in the line of duty, you may be entitled to incapacitation pay and, if approved, eligibility begins on the day after your last day of active duty.
7. If the Army determined that your injury was not incurred or aggravated in the line of duty, you have no entitlement to incapacitation pay.

Inactive Duty Training

1. If you incur or aggravate an injury while participating in inactive duty training, with or without pay, you may be entitled to medical care at Government expense and incapacitation pay.
2. If medical care is authorized, your entitlement will continue until such time as it is determined that you should be able to resume your 'normal military duties', return to 'civilian employment' or your condition cannot be further improved, whichever occurs first.
3. Entitlement to incapacitation pay is made on a case-by-case basis based on the Army's evaluation of your inability to perform normal military duties or demonstrate a loss of nonmilitary compensation.
4. If it is determined that your injury was incurred or aggravated in the line of duty and you are authorized medical care, it may continue; if a 'not in line of duty' determination is made after termination of your orders, your continued entitlement to funded medical care ends and all hospital, surgical, medical, and other health care related costs become your personal responsibility.
5. If it is determined that your injury was incurred in the line of duty, you may be entitled to incapacitation pay and, if approved, eligibility begins on the day following your inactive duty injury.
6. If the Army determines that your injury was incurred not in line of duty, you have no entitlement to incapacitation pay.
7. Injury incurred or aggravated while traveling to or from IDT does not qualify for physical disability processing.

I have read or have had read to me the above briefing and understand my rights, privileges, and responsibilities concerning my injury or disease condition.

(Soldier signature!)

I have provided a copy of or read the above briefing to the soldier whose signature appears above.

*(Signature of commander
or designated
representative)*

Figure 7-3. Active Duty—More Than 30 Days

Affidavit for a Member Disabled from Disease or Injury not incurred in the Line of Duty with the Army of the United States, SS Affidavit

On *(date)*, at *(time and place)*, the undersigned, authorized by law to administer oaths regarding the Uniform Code of Military Justice, Article 136, personally counseled one *(member's name)*, who after being sworn says:

I, *(member's name)*, have been advised that, since the disease or injury for which I am presently hospitalized was not incurred in the line of duty, I will no longer be entitled to medical care at Army expense after completing annual training (AT), active duty for training (ADT), full-time training duty (FTTD), or active duty for special work (ADSW) as specified in my orders. I understand that after release from AT, ADT, FTTD, or ADSW, the Army commander is required at the earliest date possible, to discharge me from the Army medical treatment facility (MTF). If medically required, transfer me to another source of medical care at my own expense. I understand that I will be charged at the current pay patient rate (. . . per day) for any treatment given me in the Army MTF. This will be while awaiting discharge from treatment or transfer to another source of medical care following my release from AT, FTTD, or ADSW. Regarding the above, I (do) (do not) desire to remain beyond the scheduled date of relief from AT, ADT, FTTD, or ADSW.

(Signature of member)

(Grade and organization of officer administering oath)

(Signature of officer administering oath)

Figure 7-4. Sample affidavit for disability not incurred in the line of duty

Appendix A References

Section I Required Publications

AR 25–400–2

The Modern Army Recordkeeping System (MARKS). (Cited in para 5–6.)

AR 37–104–10

Military Pay and Allowance Procedures for Inactive Duty Training Joint Uniform Pay System-Reserve Components (JUMPS–(RC)–ARMY). (Cited in para 1–4k(2).)

AR 40–3

Medical, Dental, and Veterinary Care. (Cited in paras 2–4c, 2–6a, i, and 4–16.)

AR 60–20

Army and Air Force Exchange Service (AAFES) Operating Policies (Cited in para 7–3b.)

AR 135–91

Service Obligation, Methods of Fulfillment, Participation Requirements, and Enforcement Procedures. (Cited in paras 2–13b.)

AR 135–200

Active Duty for Training, Annual Training, and Active Duty for Special Work of Individual Soldiers. (Cited in para 1–6e.)

AR 140–158

Enlisted Personnel Classification, Promotion and Reduction

AR 140–185

Training and Retirement Point Credits and Unit Level Strength Accounting Records. (Cited in paras 2–13b and 3–1.)

AR 600–6

Individual Sick Slip DD Form 689. (Cited in para 2–6h.)

AR 600–8–1

Army Casualty and Memorial Affairs and Line of Duty Investigations. (Cited in paras 1–4g, 2–4d, 4–1d, and 6–1.)

AR 608–2

Servicemen's Group Life Insurance (SGLI), Veteran's Group Life Insurance (VGLI), United States Government Life Insurance (USGLI) and National Service Life Insurance (NSLI). (Cited in para 6–5.)

AR 635–40

Physical Evaluation for Retention, Retirement or Separation. (Cited in paras 2–16a, 4–16, and 7–2f.)

DODPM

Department of Defense Military Pay and Allowances Entitlements Manual. (Cited in paras 4–1, 6–6, and 6–7.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 40–501

Standards of Medical Fitness

AR 135–175

Separation of Officers

AR 135–178

Separation of Enlisted Personnel

AR 210–190

Post Cemeteries

AR 290–5

Army National Cemeteries

Section III Referenced Forms

DA Form 1379

U.S. Army Reserve Components Unit Record of Reserve Training

DA Form 1380

Record of Individual Performance of Reserve Duty Training

DA Form 2139

Military Pay Vouchers

DA Form 2173

Statement of Medical Examination and Duty Status

DA Form 3053

Declaration of Retired Pay Benefits Received and Waivers

DA Form 3298

Authorization to Start or Stop BAQ Credit

DA Form 3349

Physical Profile

DA Form 5350

US Army Reserve Drill Recording Form (DRF)

DA Form 139

Pay Adjustment Authorizations

DD Form 261

Report of Investigation—Line of Duty and Misconduct Status

DD Form 689

Individual Sick Slip

IRS Form 1040

Individual Income Tax Return

VA Form 21–8951

Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowance

Appendix B Veterans' Administration Hospital Facilities

B-1. General

This appendix provides a current list of Veterans' Administration hospital locations and outpatient clinics.

B-2. Veterans' Administration Hospitals

- a. Alabama.*
(1) 700 S. 19th St., Birmingham 35233 (205) 933-8101.
(2) 215 Perry Hill Rd., Montgomery 36109 (205) 272-4670.
(3) Loop Rd., Tuscaloosa 35404 (205) 553-3760.
(4) Tuskegee 36083 (205) 727-0550.
- b. Arizona.*
(1) 7th St. & Indian School Rd., Phoenix 85012 (602)277-5551.
(2) Prescott 86313 (602) 445-4860.
(3) 3601 S. 6th Ave., Tucson 85723 (602) 792-1450.
- c. Arkansas.*
(1) 1100 N. College Ave., Fayetteville 72701 (501) 443-4301.
(2) 300 E. Roosevelt Rd., Little Rock 72206 (501)372-8361.
- d. California.*
(1) 2615 E. Clinton Ave., Fresno 93703 (209) 225-6100.
(2) Livermore 94550 (415) 447-2560.
(3) 11201 Benton St., Loma Linda 92357 (714) 825-7084.
(4) 5901 E. 7th St., Long Beach 90822 (213) 498-1313.
(5) 11301 Wilshire Blvd., West Los Angeles 90073 (213)478-3711.
(6) 150 Muir Rd., Martinez 94553 (415) 228-6800.
(7) 3801 Miranda Ave., Palo Alto 94304 (415) 493-5000.
(8) 3350 LaJolla Village Dr., San Diego 92161 (714) 453-7500.
(9) 4150 Clement St., San Francisco 94121 (415) 221-4810.
(10) 16111 Plummer St., Sepulveda 91343 (213)894-8271.
- e. Colorado.*
(1) 1055 Clermont St., Denver 80220 (303) 399-8020.
(2) Fort Lyon 81038 (303) 456-1260.
(3) 2121 North Ave., Grand Junction 81501 (303)242-0731.
- f. Connecticut.*
(1) 555 Willard Ave., Newington 06111 (203) 666-6951.
(2) W. Spring St., West Haven 06516 (203)932-5711.
- g. Delaware.* 1601 Kirkwood Highway, Wilmington 19805 (302)994-2511.
- h. District of Columbia.* 50 Irving St., N.W. Washington D.C.20422 (202) 483-6666.
- i. Florida.*
(1) 1000 Bay Pines Blvd., N Bay Pines 33504 (813) 391-9644.
(2) Archer Rd., Gainesville 32602 (904) 376-1611.
(3) 801 S. Marion St., Lake City 32055 (904) 752-1400.
(4) 1201 N.W. 16th St., Miami 33125 (305)324-4455.
- j. Georgia.*
(1) Augusta 30910 (404) 724-5116.
(2) 1670 Clairmont Rd., Decatur 30033 (404) 321-6111.
(3) Dublin 31021 (912) 272-1210.
- k. Idaho.* 5th and Fort St., Boise 83702 (208) 342-3681.
- l. Illinois.*
(1) 333 E. Huron St. (Lakeside), Chicago 60611 (312) 943-6600.
(2) 820 S. Damen Ave. (West Side), Chicago 60680 (312)666-6500.
(3) 1900 E. Main St., Danville 61832 (217) 442-8000.
(4) Roosevelt Rd. & 5th Ave., Hines 60141 (312) 343-7200.
(5) Main St., Marion 62959 (618) 997-5311.
(6) Buckley Rd., Rt. 137, North Chicago 60064.
- m. Indiana.*
(1) 1600 Randalia Dr., Fort Wayne 46805 (219) 426-5431.
(2) 1481 W. 10th St., Indianapolis 46202 (317) 635-7401.
(3) E. 38th St., Marion 46952 (317) 674-3321.
- n. Iowa.*
(1) 30th & Euclid Ave., Des Moines 50310 (515) 255-2173.
(2) Hwy. 6 West, Iowa City 52240 (319) 338-0581.
(3) 1515 W. Pleasant St., Knoxville 50138 (515)842-3101.
- o. Kansas.*
(1) 4201 S. 4th St., Trafficway, Leavenworth 66048 (913) 682-2000.
(2) 2200 Gage Blvd., Topeka 66622 (913) 272-3111.
(3) 5500 E. Kellogg, Wichita 67218 (316)685-2221.
- p. Kentucky.*
(1) Leestown Rd., Lexington 40507 (606) 233-4511.
(2) 800 Zorn Ave., Louisville 40202 (502)895-3401.
- q. Louisiana.*
(1) Shreveport Hwy., Alexandria 71301 (318) 473-0010.
(2) 1601 Perdido St., New Orleans 70146 (504) 568-0811.
(3) 510 E. Stoner Ave., Shreveport 71130 (318) 424-8442 (Office) (318)221-8411 (Hospital).
- r. Maine.* Route 17 East, Togus 04330 (207) 623-8411.
- s. Maryland.*
(1) 3900 Loch Raven Blvd., Baltimore 21218 (301) 467-9932.
(2) Old N. Point Rd., Fort Howard 21052 (301) 477-1800.
(3) Perry Point 21902 (301) 642-2411.
- t. Massachusetts.*
(1) 200 Spring Rd., Bedford 01730 (617) 275-7500.
(2) 150 S. Huntington Ave., Boston 02130 (617) 232-9500.
(3) 940 Belmont St., Brockton 02401 (617) 583-4500.
(4) N. Main St., Northampton 01060 (413) 584-4040.
(5) 1400 VFW Parkway, West Roxbury 02132 (617)323-7700.
- u. Michigan.*
(1) Southfield & Outer Drive, Allen Park 48101 (313)562-6000.
(2) 2215 Fuller Rd., Ann Arbor 48105 (313) 769-7100.
(3) 5500 Armstrong Rd., Battle Creek 49016 (616) 966-5600.
(4) H Street, Iron Mountain 49801 (906) 774-3300.
(5) 1500 Weiss St., Saginaw 48602 (517)793-2340.
- v. Minnesota.*
(1) 54th St. & 48th Ave., South, Minneapolis 55417 (612)252-1670.
(2) 8th St. N. 44th Ave., St. Cloud 56301 (612)252-1670.
- w. Mississippi.*
(1) Pass Rd., Biloxi 39531 (601) 388-5541.
(2) 1500 E. Woodrow Wilson Dr., Jackson 39216 (601)362-4471.
- x. Missouri.*
(1) 800 Hospital Dr., Columbia 65201 (314) 443-2511.
(2) 4801 Linwood Blvd., Kansas City 64128 (816) 861-4700.
(3) Hwy. 67 North, Poplar Bluff 63901 (314) 686-4151.
(4) 915 N. Grand Blvd., St. Louis 63106 (314)652-4100.
- y. Montana.*
(1) Wm. St. Hwy. 12 W., Fort Harrison 59636 (406) 442-6410.
(2) 210 S. Winchester, Miles City 59301 (406) 232-3060.
- z. Nebraska.*
(1) 2201 N. Broad Well, Grand Island 68801 (308) 382-3660.
(2) 600 S. 70th St., Lincoln 68510 (402) 489-3802.
(3) 4101 Woolworth Ave., Omaha 68105 (402)346-8800.
- aa. Nevada.* 1000 Locust St., Reno 89520 (702) 329-1051.
- ab. New Hampshire.* 718 Smyth Rd., Manchester 03104 (603)624-4366.
- ac. New Jersey.*
(1) Tremont Ave. & S. Center, East Orange 07019 (201)676-1000.
(2) Valley & Knollcroft Rd., Lyons 07939 (201)647-0180.
- ad. New Mexico.* 2100 Ridgecrest Dr., S.E., Albuquerque 87108 (505)265-1711.
- ae. New York.*
(1) 113 Holland Ave., Albany 12208 (518) 462-3311.
(2) Redfield Pkwy., Batavia 14020 (716) 343-7500.
(3) Argonne Ave., Bath 14810 (607) 776-2111.
(4) 130 W. Kingsbridge Rd., Bronx 10468 (212) 584-9000.
(5) 800 Poly Place, Brooklyn 11209 (212) 836-6600.
(6) 3495 Bailey Ave., Buffalo 14215 (716) 834-9200.
(7) Ft. Hill Ave., Canandaigua 14424 (716) 394-2000.
(8) Beacon St., Castle Point 12511 (914) 831-2000.
(9) Old Albany Post Rd., Montrose 10548 (914) 737-4400.

(10) 1st Ave. at E. 24th St., New York City 10010 (212)686-7500.

(11) Long Island-Middleville Rd., Northport 11768 (516) 261-4400.

(12) Irving Ave. & University Pl., Syracuse 13210 (315)476-7641.

af. North Carolina.

(1) Asheville 28805 (704) 298-7911.

(2) 508 Fulton St., Durham 27705 (919) 286-0411.

(3) 2300 Ramsey St., Fayetteville 28301 (919) 488-2120.

(4) 1601 Brenner Ave., Salisbury 28144 (704)636-2351.

ag. North Dakota. 2101 Elm St., Fargo 58102 (701) 232-3241.

ah. Ohio.

(1) 10000 Brecksville Rd., Brecksville 44141 (216) 526-3030.

(2) 17273 State Route 104, Chillicothe 45601 (614) 773-1141.

(3) 3200 Vine St., Cincinnati 45220 (513) 861-3100.

(4) 10701 E. Boulevard, Cleveland 44106 (216) 791-3800.

(5) 4100 W. 3rd St., Dayton 45428 (513)268-6511.

ai. Oklahoma.

(1) Memorial Station, Muskogee 74401 (918) 683-3261.

(2) 921 N.E. 13th St., Oklahoma City 73104 (405)272-9876.

aj. Oregon.

(1) 3710 S.W. U.S. Veterans Rd., Portland 97207 (503)222-9221.

(2) New Garden Valley Blvd., Roseburg 97470 (503)672-4411.

ak. Pennsylvania.

(1) Pleasant Valley Blvd., Altoona 16603 (814) 943-8164.

(2) New Castle Rd., Butler 16001 (412) 287-4781.

(3) Black Horse Rd., Coatesville 19320 (215) 384-7711.

(4) 135 E. 38th St., Erie 16501 (814) 868-8661.

(5) South Lincoln Ave., Lebanon 17042 (717) 272-6621.

(6) University & Woodland Aves., Philadelphia 19104 (215)382-2400.

(7) University Drive C., Pittsburgh 15240 (412) 383-3000.

(8) Highland Drive, Pittsburgh 15206 (412) 363-4900.

(9) 1111 E. End Blvd., Wilkes-Barre 18711 (717)824-3521.

al. Puerto Rico. Rio Piedras GPO Box 4867, Barrio Monacillos, San Juan 00921 (809) 764-4545.

am. Rhode Island. Davis Park, Providence 02908 (401)273-7100.

an. South Carolina.

(1) 109 Bee St., Charleston 29403.

(2) Garners Ferry Rd., Columbia 29201 (803)776-4000.

ao. South Dakota.

(1) 190/Hwy. 34, Fort Meade 57741 (605) 347-2511.

(2) Off 5th St., Hot Springs 57747 (605) 745-4101.

(3) 2501 W. 22nd St., Sioux Falls 57101 (605)336-3230.

ap. Tennessee.

(1) 1030 Jefferson Ave., Memphis 38104 (901) 523-8990.

(2) Lamont St., Mountain Home 37684 (615) 926-1171 Johnson City (615)926-1171.

(3) Lebanon Hwy., Murfreesboro 37130 (615) 893-1360.

(4) 1310 24th Ave. S., Nashville 37203 (615)327-4751.

aq. Texas.

(1) 6010 Amarillo Blvd. W., Amarillo 79106 (806) 355-9703.

(2) 2400 S. Gregg St., Big Spring 79720 (915) 263-7361.

(3) Ninth & Lipscomb, Bonham 75418 (214) 583-2111.

(4) 4500 S. Lancaster Rd., Dallas 75216 (214) 376-5451.

(5) 2002 Holcombe Blvd., Houston 77211 (713) 795-4411.

(6) Memorial Blvd., Kerrville 78028 (512) 896-2020.

(7) 1016 Ward St., Marlin 76661 (817) 883-3511.

(8) 7400 Merton Minter Blvd., San Antonio 78284 (512)696-9660.

(9) 1901 S. First, Temple 76501 (817) 778-4811.

(10) Memorial Drive, Waco 76703 (817) 752-6581.

ar. Utah. 500 Foothill Blvd., Salt Lake City 84148 (801)582-1565.

as. Vermont. N. Hartland Rd., White River Junction 05001(802) 295-9363.

at. Virginia.

(1) Emancipation Dr., Hampton 23667 (804) 722-9961.

(2) 1201 Broad Rock Rd., Richmond 23249 (804) 231-9011.

(3) 1970 Roanoke Blvd., Salem 24153 (703)982-2463.

au. Washington.

(1) 4435 Beacon Ave., S., Seattle 98108 (206) 762-1010.

(2) N. 4815 Assembly St., Spokane 99208 (509) 328-4521.

(3) American Lake, Tacoma 98493 (206) 582-8440.

(4) 3710 S.W. U.S. Veterans Rd., Vancouver 98661 (503)222-9221.

(5) 77 Wainwright Dr., Walla Walla 99362 (509)525-5200.

av. West Virginia.

(1) 200 Veterans Ave., Beckley 25801 (304) 255-2121.

(2) Milford/Chestnut Sts., Clarksburg 26301 (304) 923-3411.

(3) 1540 Spring Valley Dr., Huntington 25704 (304) 429-1381.

(4) Route 9, Martinsburg 25401 (304) 263-0811.

aw. Wisconsin.

(1) 2500 Overlook Terrace, Madison 53705 (608) 256-1901.

(2) County Trunk E., Tomah 54660.

(3) 5000 W. National Ave., Wood 53193 (414)384-2000.

ax. Wyoming.

(1) 2360 E. Pershing Blvd., Cheyenne 82001 (307) 778-7550.

(2) Fort Rd., Sheridan 82801 (307)672-3473.

B-3. Outpatient clinics

a. Alabama. 2451 Fillingim St., Mobile 36617 (205) 690-2875(OCS).

b. Alaska. 235 E. 8th Avenue, Anchorage 99501 271-4053 (OC).

c. California.

(1) 425 S. Hill St., Los Angeles 90013 (213) 688-2000 (OC).

(2) 1515 Clay St., Oakland 94612 (415) 273-7125 (OCS).

(3) 4600 Broadway, Sacramento 95820 (916) 440-2625 (OCS).

(4) 2022 Camino Del Rio North Palomar Building, San Diego 92108(OCH).

(5) 315 Camino Del Remedio, Santa Barbara 93105 (805) 683-1491(OCS).

d. Florida.

(1) 2070 Carrell Road, Fort Myers 33901 (813) 893-3528 (OCS).

(2) 1833 Boulevard, Jacksonville 32206 (904) 791-2751 (OCS).

(3) 83 W. Columbia St., Orlando 32806 (305) 425-7521 (OCS).

(4) 144 First Ave., S., St. Petersburg 33701 (813) 893-3706(OCH).

e. Hawaii. P.O. Box 50188, 300 Ala Moana Blvd., Honolulu 96850 (808) 546-2174/2176 (Clinic).

f. Illinois. 411 West Seventh St., Peoria 61605 (309)371-7327 (OCS).

g. Indiana. 214 S.E. 6th St., Evansville 47708 (812) 423-6871 Ext. 316.

h. Maryland. 31 Hopkins Plaza Federal Building, Baltimore 21201 (301) 962-4610 (OCH).

i. Massachusetts.

(1) 17 Court St., Boston 02108 (617) 223-2021 (OC).

(2) 50 Kearney Square Old Post Office Bldg., Lowell 01852 (617)453-1746 (OCS).

(3) 53 N. Sixth St., New Bedford 02740 (617) 997-8721 (OCS).

(4) 101 State St., Springfield 01103 (413) 781-2420 (OCS).

(5) 575 Main St., Worcester 01609 (617) 791-2251(OCS).

j. Michigan. 260 Jefferson St., S.E., Grand Rapids 49503(616) 459-2200 (OCS).

k. Minnesota. Fort Snelling, St. Paul 55111 (612) 725-6767(OCH).

l. Nevada. 1703 W. Charleston, Las Vegas 89102 (702)385-3700 (OCH).

m. New Jersey. 20 Washington Place, Newark 07102 (201)645-3491 (OCH).

n. New York.

(1) 35 Ryerson St., Brooklyn 11205 (212) 330-7785/86 (OC).

(2) 252 7th Ave. at 24th St., New York City, 10001 (212) 620-6776(OCH).

(3) 100 State St., Federal Office Bldg. and Courthouse, Rochester 14614 (716) 263-5734 (OCS).

o. North Carolina. 251 N. Main St., Federal Bldg., Winston-Salem 27102 (919) 761-3562 (OCH).

p. Ohio.
 (1) 2090 Kearney Rd., & 456 Clinic Dr., Columbus 43221 (614)469-5664 (OC).
 (2) 3333 Glendale Ave., Toledo 43614 (419) 259-2000(OCS).
q. Oklahoma. 635 W. 11th St., Tulsa 74101 (918) 581-7152(OCS).
r. Oregon. 426 S.W. Stark St., Portland 97204 (503)221-2575 (OCH).
s. Pennsylvania.
 (1) 2937 Hamilton Blvd., Allentown 18104 (215) 776-4304 (OCS).
 (2) 228 Walnut St. Federal Bldg., Harrisburg 17108 (717) 782-4590(OCS).
 (3) 1421 Cherry St., Philadelphia 19102 (215) 597-3311 (OCH).
 (4) 1000 Liberty Ave., Pittsburgh 15222 (412) 644-6750(OCH).
t. Philippines. 1131 Roxas Blvd., Manila 96528 (APO San Francisco [Air Mail]) (OC).
u. Puerto Rico.
 (1) Road Number 2, Mayaguez 00708 (809) 833-4600 Ask for Ext. 204(OCS).
 (2) Calle Isabel No. 60, Ponce 00731 (809) 843-5151(OCS).
v. South Carolina. 37 Villa Road, Piedmont East Bldg., Greenville 29607 (803) 232-7303 (OCS).
w. Tennessee.
 (1) Bldg. 6300 East Gate Center, Chattanooga 37411 (615) 266-3151(OCS).
 (2) 9047 Executive Part Dr., Suite 100, Knoxville 37919 (615) 9300(OCS).
x. Texas.
 (1) 3385 Fannin St., Beaumont 77701 (713) 838-0271 (OCS).
 (2) 1502 S. Brownlee Blvd., Corpus Christi 78404 (512) 888-3251(OCS).
 (3) 5919 Brook Hollow Dr., El Paso 79925 (915) 543-7890 (OC).
 (4) 1205 Texas Ave., Federal Bldg., Lubbock 79401 (806) 762-7219(OC).
 (5) 1220 Jackson Ave., McAllen 78501 (512) 682-4581 (OCS).
 (6) 307 Dwyer Ave., San Antonio 78285 (512) 225-5511 (OC).
 (7) 1400 N. Valley Mills Dr., Waco 76710 (817) 756-6511(OCH).
y. Washington. Smith Tower, 2nd & Yesler, Seattle 98104(206) 442-5030 (OCH).
z. West Virginia. 11th & Chapline St., Wheeling 26003 (304)234-0123 (OCS).

Appendix C

Uniformed Services Facilities (Former Public Health Service Hospitals)

C-1. Overview

This appendix provides a current list of Uniformed Services Facilities (USF), successor to Public Health Service facilities.

C-2. USF hospitals

- a.* Maryland, Wyman Park Health Systems, 3100 Wyman Park Drive, Baltimore 21211 (301) 338-3000.
- b.* Massachusetts, Brighton Marine Public Health Center, 77 Warren Street, Boston 02135 (617) 782-3400.
- c.* Texas, Hospital of St. John, 2050 Space Park Drive, Nassau Bay, (713) 757-7430.
- d.* Washington, Seattle Public Health Hospital, 1131 14th Avenue South, Seattle 98144 (206) 324-7650.
- e.* New York, Bayley Seton Hospital, Bay St. & Vanderbilt Ave., Staten Island 10304 (212) 447-3010.

C-3. USF clinics

- a.* Maine, Coastal Health Services, 331 Veranda Street, Portland 04103(207) 780-3210.
- b.* Ohio, Lutheran Medical Center, Downtown Health Care Services, New Post Ofc. Bldg., W. 3rd St. and Prospect Ave., Cleveland 44113 (216)522-4524.
- c.* Texas, St. Mary's Hospital, 440 Avenue, N. Galveston 77550 (713)757-7430.
- d.* Texas, St. Joseph Ambulatory Care Center, 204 U.S. Customs Bldg.,701 San Jasinto Street, Houston 77002.
- e.* Texas, Family Practice Center of Port Arthur, Port Arthur.

Appendix D
Agencies Authorized to Pay Incapacitation Pay to
USAR and ARNG Soldiers

D-1. USAR (Troop Program Unit members only within geographic area of responsibility)

- a.* FAO, HQ, USAG, ATTN: AFZQ-CM-FPR, Fort Indiantown Gap, Annville, PA 17003-5021.
- b.* FAO, ATTN: AFZK-CM-FPR, Bldg 181, Fort McPherson, GA 30330-5000.
- c.* FAO, Fort McCoy, ATTN: AFZR-CM-FPM, Sparta, WI 54656-5000.
- d.* FAO, ATTN: AFZN-CM-FP-RJ, Bldg 70, Fort Riley, KS 66442-5008.
- e.* FAO, Reserve Finance Office, ATTN: AFZC-D-F, Bldg 210, Fort Douglas, UT 84113-5048.
- f.* FAO, USASCH, ATTN: APZV-RMM-FP, Fort Shafter, HI 96858-5000.
- g.* HQ, USARE, ATTN: AETTM-R-FI, P. O. Box 35, APO NY 09245.
- h.* FAO, 6th Infantry Division (Light), ATTN: AFVR-R-FPM(RC), Fort Richardson, AK 99505-5470.

D-2. USAR (All IRR members worldwide)

FAO, ATTN: DAAG-RMF, 9700 Page Boulevard, St. Louis, MO 63132-5000.

D-3. USAR (TPU and IRR cases as required)

Commander, U.S. Army Finance and Accounting Center, ATTN: DEPT 70 Indianapolis, IN 46249-0001.

D-4. ARNG

As listed in AR 37-104-10, appendix D.

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DOCUMENT: AR 135-381

DOC STATUS: NEW PUBLICATION